

# ORDER FORM

Item	Description	Qty.	Price	Subtotal
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Order total: \_\_\_\_\_

Tax: N/A

Shipping: Chose from list

Total: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

## Method of Payment

Check Enclosed

Bill Me