

## Mail or FAX Order Form

**Date:**

Billing Information:		Shipping Information:	
<b>Name:</b>		<b>Name:</b>	
<b>Company:</b>		<b>Company:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>		<b>State:</b>	
<b>Postal Code:</b>		<b>Postal Code:</b>	
<b>Country:</b>		<b>Country:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>FAX:</b>			
<b>Email:</b>			

Payment Information:	
<b>Credit Card Type:</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
<b>Credit Card Number:</b>	
<b>Credit Card Expiration Date:</b>	<b>Credit Card Security code:</b>

Item #	Color/Option	Description	Qty.	Price Each	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Subtotal</b>					\$
<b>Shipping Charges</b> (please <a href="#">click here to calculate shipping charges</a> )					\$
<b>Sales Tax</b> (please add 8.875% for New York State deliveries)					\$
<b>Grand Total</b>					\$