



ORDER FORM

Bill To:	Name	First			Ship To:	Name	First			<i>For Office Only</i>		
		Last					Last					
		Company					Company					
	Address	Street				Street			<i>Date:</i>			
		City				City						
		State		Zip			State			Zip		
CAT. #	Print Title				Qty.	Unit Price		Total Amount				
<i>Payment Method:</i>		<input type="checkbox"/> <i>Check</i>		<input type="checkbox"/> <i>Visa</i>		<input type="checkbox"/> <i>Master Card</i>		<i>Subtotal</i>		\$		
<i>Credit Card Number</i>						<i>Expiration Date</i>		<i>Sales Tax*</i>		\$		
<i>Credit Card Security Code (last 3# from the back)</i>								<i>Total</i>		\$		
								<i>S & H**</i>		\$		
<i>Contact Information</i>						<i>Signature</i>				Grand Total		\$
<i>Phone:</i>								<small>* 8.25% (CA only) ** Shipping & Handling: Continental USA – is calculated adding 8% of subtotal value to the base which is \$5.50 International Orders – please call</small>				
<i>Fax:</i>												
<i>Email:</i>												