

PRINT OFF ORDER FORM



Fax To:
 Fax: (715) 387-0147
 Mail To:
 P.O. Box 177
 Stratford, WI 54484
 (715) 389-2010

QUANTITY	DESCRIPTION	PRICE
Price: \$75.00		SUBTOTAL
Shipping: \$0.00		SHIPPING*
Rush Order: \$25.00		TAX**
**TAX ONLY APPLIES TO WISCONSIN RESIDENTS (5.5%)		TOTAL

BILL TO:

First Name: _____ Last Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

SHIP TO:

First Name: _____ Last Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____

PAYMENT INFORMATION:

CREDIT CARD: Visa Mastercard Check _____
 Number: _____ - _____ - _____ - _____
 Expiration: _____ - _____
 CID (Three digit number on back): _____

Date Received: _____
 Customer Added: _____
 Create Invoice: _____
 Entered Payment: _____
 CC/PP Verified: _____
 Sent to Customer: _____