

# Order Form

Order Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email/PayPal: \_\_\_\_\_ Phone: \_\_\_\_\_

Repeat Customer

Ship by: \_\_\_\_\_

Order Number: \_\_\_\_\_

			<i>Shipping</i>
			<i>Discount</i>
			<i>Tax</i>
Notes:			<b>TOTAL:</b>
Payment Method: <input type="checkbox"/> CC <input type="checkbox"/> Cash <input type="checkbox"/> PayPal <input type="checkbox"/> Check			
Signature:			

THANK YOU FOR YOUR BUSINESS!

Order Date: \_\_\_\_\_

# Custom Order *Form*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email/PayPal: \_\_\_\_\_ Phone: \_\_\_\_\_

Repeat Customer

Ship by: \_\_\_\_\_

Order Number: \_\_\_\_\_

## DETAILS

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			Shipping	
			Discount	
			Tax	
Notes:				<b>TOTAL:</b>
Payment Method: <input type="checkbox"/> CC <input type="checkbox"/> Cash <input type="checkbox"/> PayPal <input type="checkbox"/> Check <input type="checkbox"/>				
Signature:				

THANK YOU FOR YOUR BUSINESS!