



Customer Order Form

Ordered by:

Name: _____
 Company: _____
 Address: _____

 City: _____
 State: _____ Zip: _____ Country: _____
 Daytime Phone: _____
 E-mail: _____

Ship to (if different):

Name: _____
 Company: _____
 Address: _____

 City: _____
 State: _____ Zip: _____ Country: _____
 Daytime Phone: _____
 E-mail: _____

Product Code #	Description	Quantity	Price/unit	(\$ Total)

Sub-Total:	_____
Shipping & Handling (see chart below):	_____
New Jersey orders only , add 7% sales tax:	_____
Order Total:	_____

Payment Method:

By Check (please enclose bank draft or money order)

By Credit Card Card #: _____ Expiration date: _____
 CVV2 Code: _____ (3-digit code back of card) Type (V/MC/AM/D): _____
 Name on card: _____
 Signature: _____

Order Information:

- Please mail (all check orders) or fax order form to 908-517-9104.
- Orders are normally dispatched within 5 workdays.
- All orders over \$100 ship via UPS Ground.
- All standard items can be returned within 30 days.

Shipping & Handling

<u>Item Sub-Total:</u>	<u>S&H Cost:</u>
Up to \$100	\$7.50
\$100-\$300	\$12.50
Over \$300	FREE

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