Your Firm LOGO Here...

Your Firm Info
1 Address St., State, City, Zip
Phone (222) 333-4444
Email: email-address.com

Order Form

Billing Address

Name of Company or Organization _____

Attn: (Name) _____

Street _____

City _____ State _____ Zip _____

Tel: ( ) _____

Shipping Address

If "ship to" address is different, Please fill in below

Ship To _____

Attn: (Name) _____

Street _____

City _____ State _____ Zip _____

E-Mail _____

Qty.	Item No.	Description	Price

Qty.	Item No.	Description	Price

Method of Payment: Name on Card _____ Type of Card _____

Credit Card No. _____ Exp. _____

Subtotal	$
add NY State Only Sales Tax 8.375%	$
add $6.95 shipping if order is less than $100	$
Grand Total	$

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