

Fax Order Form to 850-433-1954

Date _____

Billing Info.. Name _____ Address _____ _____ City _____ State _____ Zip _____ Phone _____ Email _____ <input type="checkbox"/> Residential	Shipping Info. (if different from billing) Name _____ Address _____ _____ City _____ State _____ Zip _____ Phone _____ Email _____ Shipping Method _____
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Quantity	Style	Perf	Stock	Color	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
					Total _____
					Tax _____
					Shipping _____
					Total _____

Credit Card.. <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Number _____ CID _____ Exp. Date _____ <input type="checkbox"/> Call me for this information. _____
