



2536 Santa Clara Ave, Alameda CA 94501  
Office 510.769.5179 | Fax 510.769.4204

# ORDER FORM

Date \_\_\_\_\_  
Sales Rep. \_\_\_\_\_

### Shipping Address

Name \_\_\_\_\_  
Company \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 1 \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Add to mailing List: Yes  No   
How did you hear about us? \_\_\_\_\_

### Billing Address

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

### Credit Card Information

Card Number \_\_\_\_\_  
Card Type \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
CVV code \_\_\_\_\_

**Other Payment Type** Cash \_\_\_\_\_ Check# \_\_\_\_\_

	STYLE #	DESCRIPTION	FINISH	QTY	UNIT PRICE	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						

NOTES:	Subtotal	\$
	Sales Tax	\$
	Shipping	\$
	<b>Total</b>	<b>\$</b>