LASER GIFTS ORDER FORM

P. Graham DUNN

Store Information

Store Name

Address

City State Zip

Phone Fax

Shipping Information ☐ *Check here for store pickup*

Name_____

Address_____

City_____State_____ Zip_____

Phone_____Fax_____

Line 1 ☐ *Cap of pen (check if applicable)* ☐ *Barrel of pen (check if applicable)*

Line 2 ☐ *Cap of pen (check if applicable)* ☐ *Barrel of pen (check if applicable)*

Line 3

Line 4

Line 5

Line 6

Line 7

Line 8

QUANTITY	ITEM#	DESCRIPTION	PRICE	TOTAL PRICE

Merchandise Total	
Sales Tax	
TOTAL	

METHOD OF PAYMENT

☐ Visa ☐ MasterCard ☐ Discover

Your credit card number: Authorization code (on back of card):

Expiration date:

Signature

I, the customer, agree that all the wording and spelling is verified as correct.

Signed,_____

Date: / /

THIS BOX IS FOR INTERNAL USE ONLY

Date Received Date Shipped