



The Company Catalogue Order Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Item	Number	Description	Qty	Price	Ext.

Send To:
The Company
1234 Main St.
Anywhere, USA 12345

Sub-Total	_____
Sales Tax (5%)	_____
Shipping & Handling	_____
Total	_____

Method of Payment

<input type="radio"/> Money Order	<input type="radio"/> Credit Card	<input type="radio"/> Check	<input type="radio"/> Purchase Order
# _____	# _____	# _____	# _____
exp. _____			

Shipping charges apply as follows: anything under 5lbs. \$10 fee, 5-10lbs. \$20 fee, 10-20 lbs \$30 fee.

State sales tax applies. Return policy: full refund if returned within 30 days, after 30 days, no refund.