



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

Money Order **Credit Card** **Check** **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.