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ART GLASS ORDER FORM

DATE: _____
NAME: _____
STREET: _____
CITY: _____ **STATE** _____ **ZIP** _____
PHONE: _____
 DAY: _____ EVE: _____

<u>DESCRIPTION</u>	<u>GLASS TYPE</u>	<u>SIZE</u>	<u>QTY</u>	<u>PRICE</u>	<u>EXTENSION</u>
Sub Total					
CALIFORNIA RESIDENTS ADD 7.75% SALES TAX					
SHIPPING Carrier: _____ acct # _____ or Prepay & Add					
ORDER TOTAL					

PAYMENT: CREDIT CARD: Visa-MasterCard CHECK MONEY ORDER C.O.D. (additional \$7.50+)

Credit card number _____ Exp date (mmyy) _____ Card code _____
 Name on credit card: _____ Signature: _____
 Credit card billing address: _____

ADDITIONAL INSTRUCTIONS: _____

