ORDER FORM

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Customer PO# _____ Order date _____ Needed by _____

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Bill-to:

Account# (blank if new) _____ Name _____
Company _____
Address _____
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Ship-to: ❑ same as bill-to

Attention: _____ Ship Date _____
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Phone _____ Fax _____
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Comments / Special Instructions:

Product Number	Description	Qty	Price	Total

PAYMENT INFORMATION ❑ Visa ❑ Mastercard ❑ Check (enclosed) ❑ On Account
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By signing below, I authorize Letterary Press LLC to charge my credit card for the total amount due upon shipment..
I guarantee that the billing address is the same address on record with the card-issuing financial institution.

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For questions about this order, please contact me via ❑ phone ❑ FAX ❑ e-mail

Subtotal	
Shipping*	
TOTAL	

*Shipping and Handling Chart

$100.00 to $150.00	$13.95
$150.01 to $250.00	$19.95
$250.01 to $500.00	$28.95
$500.01 and up	call for quote

For collect shipments, provide carrier information in the comments field.