ORDER FORM

NAME _____

ADDRESS / APT.# _____

CITY / STATE / ZIP _____

PHONE / FAX _____

❑ **Please deliver my entire order to the above address.**
❑ **Please hold my order at: 1411 39th Street, for pick up.**

PAYMENT METHOD: ❑ CASH ❑ CHECK ❑ VISA ❑ MASTERCARD

EXP. DATE

SECURITY CODE

SIGNATURE _____

Please make checks payable to: **Keren Chasanim D'Bobov**

ORDERING INFORMATION

ITEM#	QUANTITY	UNIT PRICE	SHIPPING	SUB TOTAL

FOR ITEMS **B1114-B1132**: ADD $**10.00** PER ITEM FOR SHIPPING
FOR ITEMS **B1146-B1158**: ADD $**13.00** PER ITEM FOR SHIPPING
FOR ITEMS **B1180-B11115**: ADD $**16.00** PER ITEM FOR SHIPPING

TOTAL

SHIPPING INFORMATION

SHIP TO: (NAME)	ADDRESS	APT#	CITY / STATE / ZIP	PHONE#	ITEM#
SAMPLE: David Gold	1234-56th St.	B-7	Brooklyn, NY 12345	718-123-4567	B1114
Message:					
Message:					
Message:					
Message:					
Message:					

YOU MAY PHOTOCOPY THIS FORM IF YOU NEED MORE SPACE

Please fax this form to: **212-208-4643** • or order online at: **www.stunningbaskets.com**

THANK YOU FOR YOUR SUPPORT!

SHIPPING INFORMATION

SHIP TO: (NAME)	ADDRESS	APT#	CITY / STATE / ZIP	PHONE#	ITEM#
Message:					
Message:					
Message:					
Message:					
Message:					
Message:					
Message:					
Message:					
Message:					
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