

ORDER FORM

NAME _____

ADDRESS / APT.# _____

CITY / STATE / ZIP _____

PHONE / FAX _____

- Please deliver my entire order to the above address.
 Please hold my order at: 1565 62st Street Brooklyn, NY 11219, for pick up.

PAYMENT METHOD: CASH CHECK VISA MASTERCARD

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EXP. DATE

SECURITY CODE

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SIGNATURE _____

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

ORDERING INFORMATION

ITEM#	QUANTITY	UNIT PRICE	SHIPPING	SUB TOTAL

FOR ITEMS **B2012-B2049**: ADD \$10.00 PER ITEM FOR SHIPPING
 FOR ITEMS **B2052 & B2069**: ADD \$14.00 PER ITEM FOR SHIPPING
 FOR ITEMS **B2089 & B20129**: ADD \$17.00 PER ITEM FOR SHIPPING

TOTAL

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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	K412
<i>Message:</i>					
<i>Message:</i>					
<i>Message:</i>					
<i>Message:</i>					
<i>Message:</i>					

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!

