



Customer Order Form

Date:	Will this order be SHIPPED or PICKED UP?
Bill to:	Ship to:
Contact/Institution name:	Email:
Phone:	Fax:
Payment method (please circle): Visa/MasterCard – Check – Purchase Order [❖]	Visa/MasterCard #
P.O. #	Exp Date:

Quantity Ordered	Item Name	Item Description (color, size, etc.)	Price Each	Total Amount

[❖] For purchases over \$200 only

*IL residents ONLY: Add 8% sales tax to your order.

**Use order subtotal to determine shipping costs:

\$0.50 – 24.99 = \$4.95 \$25 - \$49.99 = \$5.95 \$50 - \$74.99 = \$6.95

\$75 - \$159.99 = \$8.95 \$160 and up = \$10.95

Subtotal	
Tax* (IL)	
Shipping**	
Total	