

# PrintCountry Order Form

Date: \_\_\_\_\_

PO #: \_\_\_\_\_ (if applicable)

Ship To:				Bill To (if different):			
Name:				Name:			
Company:				Company:			
Address:				Address:			
City:				City:			
State:		Zip:		State:		Zip:	
Phone #:				Phone #:			
Fax #:				Fax #:			
Email:				Email:			

## Payment Method

Pay By Check or Money Order (please mail your check or money order with this order form)

Pay By Credit Card (Visa, MasterCard, AMEX)

Name as it appears on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ (Month/Year)

Security Code: \_\_\_\_\_ (The last 3 digits at the back of Visa/MC, or the 4-digit number on the front of AmEx)

## Order Details

Items	Quantity	Price (each)	Sub-total
		\$	\$
<b>Shipping Charges*:</b>			\$
<b>CA Sales Tax: 8.75% (if applicable)</b>			
<b>Total:</b>			\$

\*Domestic shipping & handling charge is \$ 4.95 (free domestic shipping over \$ 50.00).  
Please visit our website for the international shipping charges.