



**Going the EXTRA MILE**

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

<b>NAME</b>		
ADDRESS		
CITY	STATE	ZIP
DAY TIME PHONE* (      )		
*We must have your phone number or we cannot process your order		
EMAIL*		
* Required if you wish to receive order and shipping confirmation emails		

**PAYMENT INFORMATION**

Master Card	Visa	American Express	Discover	Money Order	check
Gift Certificate #					
Card #					
Print Cardholder's Name			Email		
Billing Address					
City/State/Zip					
Cardholder's Signature (Required) X			Phone		

**ITEMS FOR PURCHASE**

Item#	Description	1 <sup>st</sup> color	2 <sup>nd</sup> color	Size	Quantity	Unit price	Gift wrap	TOTAL

Please list additional items on a separate sheet

TOTAL PRICE OF ITEMS	
SHIPPING	
OVERSIZED SHIPPING	
4.99 PER ITEM GIFT WRAP	
SUBTOTAL	
OHIO RESIDENTS ADD APPROPRIATE SALES TAX	
<b>TOTAL CHARGES</b>	
FLAT RATE \$5.00 SHIPPING	