

THE GLASSBLOWING SHOP

<http://www.glassblowingshop.com>

Fax: 1-706-864-9022

ORDER FORM

Billing Address:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Credit Card Information:

Type: _____

Card #: _____

Expiration Date: _____

V-code: _____ 3 digit code on back of card

Shipping Address (if different from billing):

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Product Name	Item Number	Quantity	Price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Sub-Total _____

Tax (if applicable) _____

Shipping & Handling _____

Order Total _____