

Silver Fantasy LLC

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ORDER FORM

Office Use Only

Date: _____
Order No: _____
Method (mail, fax): _____
Customer ID: _____

Bill To:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

Ship To (If Different):

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____

Quantity	Item #	Description	Unit Price	Total
Please note: \$15.00 minimum required (before shipping)			Subtotal	
			Tax (NC)	
			Shipping	\$6.00
			Total	

Payment Method:

VISA MC AMEX DISCOVER

Name on Card: _____
Card Number: _____
Expiration Date (mm/yy): _____