ORDER FORM

Silver Fantasy
3521 Green Spring Drive
Fort Collins, CO 80528
sales@silverfantasy.com

BILL TO
Name: _____
Address: _____
City: _____
State: ____ Zip: _____
Phone: _____
E-Mail: _____

SHIP TO (IF DIFFERENT)
Name: _____
Address: _____
City: _____
State: ____ Zip: _____
Phone: _____

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL
			SUBTOTAL	
			SALES TAX (CO)	
			SHIPPING	**$6.75**
			TOTAL	

Payment Method:

□ VISA □ MC □ AMEX □ DISCOVER
Name on Card: _____
Card Number: _____
Expiration Date (mm/yy): _____

Thank you for your business!