

RAINWATER FALLS FAX ORDER FORM

781-934-6987

gina@rainwaterfalls.com

ITEM	DISCRIPTION	QTY	PRICE	AMOUNT
	SHIPPING INFORMATION		SUB TOTAL	\$
NAME	_____		TAX 5%	\$ _____
ADDRESS	_____		*Shipping	\$ _____
CITY	_____		TOTAL	\$ _____
ZIP CODE	_____			
PHONE #	_____			
E-MAIL	_____			
	BILLING INFORMATION			
Credit Card #	_____	Card type	Visa	Master Card
Name on Card	_____	Exp. Date	_____	_____
Security Code	_____			
	CHECK ENCLOSED			
	Ck # _____			

* SHIPPING WILL BE CALCULATED AT THE TIME THE ORDER IS PLACED.
You will be notified of this amount.