

ORDER FORM



P. O. BOX 310
ASHTON, MD 20861
(301) 439-1067 • (301) 434-8642 fax

Ordered By	
Name:	
Address:	
City:	State Zip:
Phone:	Eve: () Day: ()
E-mail:	

If you have any questions about your order,
please call (301) 439-1067.

List Item Below			Additional Shipping Address		Gift Wrap (on request only) <input type="checkbox"/>	
Item Number	Qty	Item Description	Address	Message on card	add \$5	Retail Price
93B0A8-SRT		Quinto Game	Name:			\$39.95
			Address:			
			City/State:	Zip:		
			Name:			
			Address:			
			City/State:	Zip:		
			Name:			
			Address:			
			City/State:	Zip:		

Check this box if shipping address is the same as the billing address.

Payment Method	Billing Address
Check <input type="checkbox"/>	Address:
Money Order <input type="checkbox"/>	City/State: Zip
Credit Card	Phone:
Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	Shipping & Handling for orders totaling
Account # <input type="text"/>	Up <input type="checkbox"/> to <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$4.95 <input type="checkbox"/> \$25.01 to <input type="checkbox"/> \$40.00 <input type="checkbox"/> \$6.95 <input type="checkbox"/> \$40.01 to <input type="checkbox"/> \$80.00 <input type="checkbox"/> .95 <input type="checkbox"/> \$80.01 to <input type="checkbox"/> \$120.00 <input type="checkbox"/> \$11.95 <input type="checkbox"/> \$120.01 to <input type="checkbox"/> \$200.00 <input type="checkbox"/> \$13.95 <input type="checkbox"/> \$200.01 - <input type="checkbox"/> \$16.95
Expiration Date (mo/yr) _____ / _____	
Name on Card _____	
Signature _____	
X	

Subtotal	
Sales Tax (MD residents add 5%)	
Gift Wrap (add \$5.00 for each)	
Shipping & Handling	
Additional shipping address (\$4.00)	
TOTAL	