

ORDER FORM

Date: _____

PO Box 23240, Charlotte, NC 28227 OFFICE 704.573.1180 | FAX 704.573.1181 info@innovategraphics.com

- 5.						Invoice			
				_		Credit	Card - See E	Below	
ORDERED BY:	CARD H	OLDER'S ADI	DRESS / BIL	L TO		SHII	P TO:		
Name:					Name:				
Company:					Company:				
Address:					Address:				
Address:					Address:				
City:		State:	Zip:		City:		State:	Zip:	
Country:					Country:				
Phone:		Fax:			E-mail:				
			METH	OD OF	PAYMENT:				
Check Information:									
Type of Credit Card	d: Vis	Mastercard							
Name on Card:									
Number: Exp.:									
Signature:			'						
ITEM NO.	QTY.		ITE	M NAN	1E	C	OST EACH	COST TOTAL	ĺ
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		Freight Cost	/Sales Tax m	ay appl	y to sub-total amou	nts.			
Special Instructions:							SUB-TOTAL		
							FREIGHT		
							SALES TAX		
						<u> </u>	SC. CHARGE		
						1311	TOTAL		