Printable Order Form

Name		
Street Address		
City		
State		
Zip Code		
Phone		
E-mail		
Payment Method		
Card Number		
Expiration Date	Month Year	
CVV Code		
Requested Ship Date		
Shipping Address	(If different from above):	
Name		
Street Address		
City		
State		
Zip Code		
<i>Qty</i>	Description	Total

Plant To	otal \$	
Shipping and Handle	ing \$	
Subto	otal \$	
Sales Tax (MI residents 6	%) \$	
	,	
Gift Certificate Number Amor		
Grand To	tal \$	

When mailing or faxing an order, it is advisable to list alternate selections in case items are out-of-stock. Please do so here: