

Extravagifts Order Form

Date:	Name:		
Qty.	Item # :	Description	Cost
			Total Purchase \$ _____
Payment & Shipping (if applicable)			
Name:			
Address:			
City/ State/ Zip:			
Phone:			
Email:			
Method of Payment:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> P.O.#	<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Credit card #			
	Exp. Date _____	3/4-Digit Code _____	
Signature:			
Ship To:			
Name:			
Address:			
Phone:			
Shipping: <small>(Office use only)</small>	Total Item Charges: <small>(Office use only)</small>	<input type="checkbox"/> I Agree <u>Actual UPS Ground Charges</u> will be applied to my payment option upon shipping. <input type="checkbox"/> I permit Extravagifts to issue a detailed receipt of my complete order & shipping information to the email address that I have provided above.	

TOTAL Sale \$ _____

To place orders, please Fax Order Form to # 614-448-4518 or Phone Extravagifts at 614-352-1412