MAIL THIS FORM TO:

1426 Silver St., Wickliffe, OH 44092

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email (optional) _____

Order Information

Category	Item	Quantity	Cost	Total
			Subtotal	$
			Shipping	$
			Sales Tax (add 6.75% if delivery is in OH)	$
			Grand Total	$
			Payment Method: *Personal Checks and Money Orders require 10 days for clearing before shipment is made	☐ Credit Card ☐ Check* ☐ Money Order

Card type: Mastercard Visa

Name on card: _____

Card Number: _____

Verification Number: _____ Expiration Date: _____

Signature: _____ Date: _____