

Willy's Widgets

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ORDER FORM

Office Use Only	
Invoice #	
Invoice Date	

Bill to:

Name	
Company	
Street	
City	State
Zip/Postal Code	
Country	Telephone
e-mail	

Ship to (if different than billing address):

Name	
Company	
Street	
City	State
Zip/Postal Code	
Country	Telephone

Office Use Only						
Status	Item	Catalog #	Description	Quantity	Unit Price	Total
	1					
	2					
	3					
	4					
	5					
	6					

Other Information (use separate sheet if necessary)

Subtotal	
Tax (Arizona only)	
Other	
Shipping	
Total	

Payment Method

VISA
 MasterCard
 American Express
 Check*
 CSC

Account #	Exp Date (MM/YY)	
Name on Card		Authorized Signature

Shipping Information (optional)*
 UPS
 FedEx
 Other: _____

Account #

Next Day
 Two Day
 Three Day
 Ground
 Other: _____

* For Payment and Shipping information see our web site <http://www.willyswidgets.com/faq.html>