



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:                            |      |          | <input type="checkbox"/> Credit Card<br><input type="checkbox"/> Check*<br><input type="checkbox"/> Money Order |       |

\*Personal Checks and Money Orders require 10 days for clearing before shipment is made

Card type:                      Mastercard                      Visa  
 Name on card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Verification Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_                      Date: \_\_\_\_\_