# FAX ORDER FORM

## Kazuri West

## 503-697-0774

Contact name: _____

Company name: _____

Billing Address: _____

_____

Shipping Address:_____

_____

Phone #:_____

e-mail address:_____

Method of payment:_____

Credit card #:_____

Exp date:_____ Security code on back of card:_____

Comments:_____

| Item# | Description | Color | Qty | Amount |
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| | | **Total** | | |
| | | **Shipping/handling** | | |
| | | **Total due** | | |

SHIPPING/HANDLING FEES

$10.00 for $100.00 or less / $ 15.00 over $100.00