



Date: _____

ORDER FORM

Personal Information

Name: _____ Mailing Address: _____

Phone #: _____

Payment Information

Name on Card: _____ Credit Card Type: ___ Master Card ___ Visa

Credit Card #: _____ Exp Date: _____

Shipping Information

(If Different From Above)

Name: _____ Mailing Address: _____

Items Ordering

ITEMS	QTY	x	PRICE	=	TOTAL

Sub Total _____

Sales Tax 8.5% (Louisiana Only) _____

Shipping & Handling (\$5 for every \$50 Spent) _____

TOTAL _____

Phone, Fax, or Mail In Your Order Form!
 PO Box 1425, Crowley, LA 70526
 Phone: (337) 783-6417 / Fax: (337) 788-0123