## **CAPRONI COLLECTION**

FAX ORDER FORM 781-937-3757

ITEM		QUANTITY		FINISH	PRICE
			TOTAL AM	OUNT OF ORDER	
	Shipping charg	es and Massachusett	s Sales Tax ma	y apply and will be d	added to your final invoice.
Shipping Address					
Name:					
Address:					
City:	State:	_ Zip Code:		Country:	
Shipping Phone:					
Billing Address (if different from	n shipping)				
Name:					
Address:					
City:	State:	_ Zip Code:		Country:	<u></u>
Daytime Phone:	Em	nail:			
	V	Vould you like to rece	eive our newsle	tter which includes .	special sales? YES □ NO □
How did you find us?					
Search (Google, etc.)	Another w	vebsite □	Intern	et (other) 🗆	
Referral 🗆	Other		Not sure		
Method of Payment					
American Express □ Discover □	MasterCard □	Visa □ Check □			
Name (as it appears on card):					
Card Number:				 . Date:	_
Signature:	Date:				

Please fax to 781-937-3757. You will receive a confirmation within 24 hours (M-F). Thanks for your order!