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Date \_\_\_\_\_

LUX LAMP SHADES

BILL TO:	SHIP TO (if different from billing info):
Name _____	Name _____
Address _____ _____	Address _____ _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email _____	Email _____

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

METHOD OF PAYMENT	SUBTOTAL
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check Card No. _____ Exp. Date _____ CVC _____ Name on Card _____ I authorize Lux Lampshades to charge my credit or debit card Authorized Signature _____	ADD FREIGHT COST
	TOTAL
<b>FOR CUSTOM ORDERS ONLY</b>	
*Custom orders require a 50% deposit due upon order.	
	Amount Paid _____