

Order Form

Name

Address

Phone

Email

Please fill out the information above the line, we'll take care of the rest!

Payment Information (Cash) (Credit)

CC# Exp.

Product (L) (R)

Color:

Special Instructions

Product: _____

Total: _____

Tax: _____

Shipping: _____

Grand Total: _____



2100 Orchard Ave.
San Leandro, CA 94577
T: 510.351.4417
F: 510.351.6905
www.ShopPCL.com

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