

ORDER FORM

Business Name _____

Contact Person _____

Company / Website _____

Email _____

Phone _____



Notes :

CATEGORY	DESCRIPTION	QUANTITY	PRICE	AMOUNT

SHIPPING ADDRESS

Name _____

Street Address _____

City, State, Zip _____

Shipping Notes _____

Subtotal _____

6% MD Sales Tax _____

Shipping * _____

GRAND TOTAL _____

Orders will be shipped via USPS with actual shipping cost calculated upon invoicing, unless the customer provides their own UPS or FedEx account number, or unless hand-delivery or local pickup is arranged. Please include this information in the Notes Section