

L. ROSE DESIGNS ORDER FORM

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www.lrosedesigns.com

BILLING INFORMATION

Name:	
Street:	
City, State, ZIP:	
Daytime Phone:	Email:

SHIPPING INFORMATION *(if different)*

Name:	<input type="checkbox"/> Business <input type="checkbox"/> Residence
Street:	
City, State, ZIP:	
Daytime Phone:	<i>We usually ship via U.S. Priority Mail – PO Boxes are ok.</i>

ITEM	SIZE	COLOR/FABRIC	PRICE

Credit Card Information: <input type="checkbox"/> Invoice me with PayPal! <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Sec Code: _____ Card #: _____ Exp. Date: _____ Name as it appears on card: _____ Signature: _____	Subtotal	
	Discount, if any	
	Shipping & Handling	
	Subtotal	
	CA res. Sales tax <small>(please contact us for your tax rate)</small>	
	TOTAL	

Upcoming Performance? Please give date:

Notes:

Thank you for your Business, and Happy Dancing!