Colophon Book Arts Supply

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Order Form

To place an order, please print form, fill out, and mail with payment.

Order Date:_____

Shipping Address: _____
_____
_____
_____
_____

Billing Address :_____
_____
_____
_____
_____

Type of Payment:
Purchase order #_____
[ ]Master Card [ ]Visa
#_____
Expiration Date _____
3 digit security code _____
Actual shipping costs will be added to your PO or Credit Card. For checks see note below.

eMail: _____

Phone: _____

Item Description	Quantity	Price	Amount

Shipping Note: *You will be charged actual shipping charges. If paying by check, please send order only first, you will be called or emailed with the total amount including the shipping costs. Then send your check. That way you only have to write one check!*

WA tax _____
Total _____