



Date:	Name:	Daytime Phone (Required):
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- Fax Order form request to **312.266.3327**
- Once fax is received, all orders will be confirmed via telephone prior to shipping.

Quantity	Item\Description	Size	Color	Price	Total	
<i>State of IL. Must add 11.50% sales tax to all items except Gift Cards.</i>						
Message (if desired):			Order Total			
			<i>Circle your shipping option and add to total</i>			
			USPS First Priority <small>(Available for Gift Cards Only)</small>		\$3.00	
			FedEx Ground <small>(3-5 Business Days)</small>		\$10.00	
			FedEx Next Day		\$25.00	
			TOTAL AMOUNT			

SHIPPING: TO: _____

ADDRESS: _____

BILLING: Card Type (Circle One): AMEX Visa MC Discover JCB

Card Number: _____ CVV# _____

Expiration Date: _____

*Signature: _____

*Indicates permission for use of the above noted credit card for purchase or merchandise which will be sent to the above shipping address. Use of this credit card for any other purpose will be pursued by governing laws of fraud.