Computer # | | | | | | |

Customer # | | | | |

Order Form

(Please Print Clearly)

ZUCKER

SALES@ZUCKERFEATHER.COM / WWW.ZUCKERFEATHER.COM

BILL TO: (Billing address for credit card & catalog mailing)

P.O. # _____ Date _____

Name _____

Address _____ Apt. _____

City _____

State/Province _____ Zip _____

Telephone _____ Fax _____

E-MAIL _____

Sales Category

SHIP TO: (If different from billing address)

Name _____

Address _____ Apt. _____

City _____

State/Province _____ Zip _____

☐ Check here if shiping address is same as billing address.
NOTE: All addresses must be registered with the credit card company.

☐ Check here if new customer.

Ship via _____ Ship Date _____ Cancel Date _____

MasterCard ☐ *Visa* ☐ *American Express* ☐ *Discover* ☐ *Novus* ☐

Account Number

Expiration Date

CSC#

Name on card: _____

Style #	Unit	Color Qty	Color Qty	Color Qty	Color Qty	Color Qty	Description	Price	TOTAL

NOTES:

TOTAL:

FOR OFFICE USE ONLY: Salesperson _____ Date Received _____