



Printable Order Form

Customer Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: (Home) _____ (Optional) _____

Email Address: _____

Order Information

Item # / Name	Description	QTY	Price	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Payment Information:

U.S.P.S. Money Order Personal Check

Visa Master Card American Express Discover

Card #: _____ Expires _____

Authorized Signature: _____

SUBTOTAL	
Shipping & Handling	
Subtotal Before Tax	
VT Residence add 6% sales Tax	
Order Total	

Billing Information Same as Above

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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*Tina M. Duel, 196 North Street, Middletown Springs, VT 05757-4457 [www.craftsnkeepsakes.com](http://www.craftsnkeepsakes.com)*