Glassartpatterns.com

Fun and Art Glass Education

Order Date: _____

PO Box 86747
Madeira Beach, FL 33738
Office: (727) 397-3073
Fax: (866) 814-0525
Email: Orders@glassartpatterns.com

Customer's Credit Card Billing Address

Name _____
Company _____
Address _____
Address _____
City, ST ZIP Code _____
Phone # _____
Email Address (Required) _____

(you will be emailed a copy of your final order with shipping & a receipt)

Ship To Address:

Name _____
Company _____
Address _____
Address _____
City, ST , Zip Code _____
Phone # _____

Qty	Stock #	Description	Unit Price	Total

Do you wish to have your package insursed shipping? Yes / No

CREDIT CARD # : _____

CVV CODE: _____ **EXPIRATION DATE:** _____

(CVV = 3 digits far right of signatures [AMX is 4 digits on right front])

(Orders are shipped USPS Priority Mail & based upon weight)

Subtotal	
Shipping	
Subtotal	
Sales tax rate	
Sales tax on purchase	
Total	

Company / Name ______________________________

Qty	Stock #	Description	Unit Price	Total

Subtotal