



Order Form

Amore Designs, Inc.
Shelving you fall in love with

Date:

P.O. #:

Vendor [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

Ship to [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

Shipping Method	Shipping Terms	Requested Ship Date:
FEDEX	Select: Ground - 2nd Day Air - Next Day Air	

Qty	Item #	Description	Unit Price	Line Total
				Subtotal
				Sales Tax
				Shipping
				Total

Sales Tax added to PA, CA, IL, NC, TX, GA, SC, FL, MN, IN, OH, MI

Credit Card Information
Name on Card:
Card Number:
Expiration:
Security Code:

Signature/Date