Order Form

Amore Designs, Inc.

Shelving you fall in love with

Date:
P.O. #:

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

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