LIT ONlocation

NAME: ____________________

BILL ADDRESS: ____________________

SHIP ADDRESS: ____________________

CITY: __________ STATE: ______ ZIP: ______

PHONE: __________ E-MAIL: __________

EVENT/NAME: __________ ORDER DATE: ______

ENLARGEMENT & PACKAGE
ORDER FORM

METHOD OF PAYMENT: ☐ CHECK ☐ M/O ☐ VISA ☐ M/C

CREDIT CARD #: __________ EXP. DATE: ______

NAME ON CARD: __________

ORDER NOTES
1) Shaded areas for **LIT** use only.
2) **LIT** will remit invoice for payment (w/ SASE) or with order when prepaid by credit card.
3) **LIT** accepts VISA, MC, Checks, Money Orders.
4) Appropriate shipping & tax will be added unless other arrangements made.

DATE REC: (at **LIT**) ______ DATE: (to lab) ______ DATE: (to client) ______

ORDER TRACK:

ORDER TRACK			PROOF/PKG #:	SIZE:	QTY:	PRICE:	TOTAL:
☐ NEG	☐ ORDER	☐ REC'D					
☐ NEG	☐ ORDER	☐ REC'D					
☐ NEG	☐ ORDER	☐ REC'D					
☐ NEG	☐ ORDER	☐ REC'D					
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☐ NEG	☐ ORDER	☐ REC'D					
☐ NEG	☐ ORDER	☐ REC'D					

SUBTOTAL: ______

Order REC by: ______

Order PACK by: ______

Order SHIP by: ______

SHIPPING (VARIES W/ ORDER SIZE, METHOD): ☐ $ 7.50 ☐ $ 9.50 ☐ OTHER ____ ______

SALES TAX : ☐ STATE 3 % ☐ LOCAL 5.5 % ______

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