

Galia Goodman

CARD ORDER FORM

1301 Alabama Ave
Durham, NC 27705
Phone: 919-286-4463
Fax: 800-441-4264

Email: galiag@mindspring.com

DATE OF ORDER: _____

NAME: _____

PHONE: _____

SHIPPING ADDRESS: _____

ITEM #	DESCRIPTION	QUANTITY
	Total Number	
	Unit Price (see below)	
	Subtotal (# x unit price)	
	Tax (7% if in NC)	
	Shipping (7% of subtotal)	
	TOTAL	

UNIT PRICES (1-10: \$4.00 | 10-50: \$3.50 | 50-100: \$3.00 | call for prices for 100 or more cards)

Enclose check or pay by credit card.

Name on Card _____

Type of Card _____

Card Number _____

Expiration Date: _____

Signature: _____

Date: _____