

Order Form

SHIP TO: PLEASE PRINT

Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

METHOD OF PAYMENT (NO CASH or COD):

Visa
 Master Card
 Discover
 Money Order
 Personal Check

Credit Card # _____ Expiration Date _____

Signature as it appears on card _____

NUMBER	DESCRIPTION	STAIN	QUANTITY	PRICE	TOTAL
				Subtotal	
				IN Residents add 7% Sales Tax	
				Shipping	
				TOTAL	

Note: In the stain column - please enter U for unstained, M for maple stain, or W for walnut stain.

Shipping Charges are figured at time of shipment. You will be contacted with rate prior to shipping.

Please print this form, fill it out completely, and mail to:

The Basket Man
PO Box 31
Friendship, IN 47021