Extravagifts Order Form

Date:	**Name:**		
Qty.	**Item # :**	**Description**	**Cost**
		Total Purchase $_____	
	Payment & Shipping (if applicable)		
Name:			
Address:			
City/ State/ Zip:			
Phone:			
Email:			
Method of Payment:	☐ **Visa** ☐ **MasterCard**	☐ **P.O.#**	☐ **Amex** ☐ **Discover**
Credit card #			
	Exp. Date_____	**3/4-Digit Code_____**	
Signature:			
	Ship To:		
Name:			
Address:			
Phone:			
Shipping: (Office use only)	**Total Item Charges:** (Office use only)	☐ **I Agree Actual UPS Ground Charges will be applied to my payment option upon shipping.** ☐ **I permit Extravagifts to issue a detailed receipt of my complete order & shipping information to the email address that I have provided above.**	

TOTAL Sale $_____

To place orders, please Fax Order Form to # 614-448-4518 or Phone Extravagifts at 614-352-1412