

Anderson Stationers, Inc

700 Second St. Encinitas CA 92024

(760) 753-4703, Fax (801) 925-2503

xeroxking@sbcglobal.net



Nativity Heaven Sent Cards Order Form

ALL FIELDS ARE REQUIRED TO PROCESS AN ORDER. If paying by check please mail this order form with your payment to Anderson Stationers. If ordering by credit card you may fax your order form to the above fax number or send as an email attachment to Anderson Stationers at the above e-mail. Your cards will be mailed directly to your home or P.O. Box for a shipping and handling fee or you may pick up your cards at Anderson Stationers. Please note that cards are sent unfolded.

After filling out this form, either save it ('File', 'Save As', then enter a filename, for example 'YourLastName_Heaven_Sent_Order_mmddyy.pdf' - 'Jones_Heaven_Sent_Order_101809.pdf') and email it to xeroxking@sbcglobal.net, or print it out ('File', 'Print') and mail it to the address above.

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ Email: _____

Pricing: \$37.50 per 25 of same design \$100 per 100 of same design (tax included)

Item Code #	Quantity (minimum 25 of same card)	Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Qty	_____	Sub-total: _____

Personal Sentiments (.15 per card) Quantity _____ X.15 cents _____
Merchandise Total: _____

Shipping & Handling (select): 25 cards= \$5.00 ____
50 Cards= \$7.00 ____ 100-250 Cards=\$8.50 ____ **Shipping & Handling Total** _____
TOTAL _____

Send Sentiment via e-mail: Anderson Stationers: xeroxking@sbcglobal.net

Font style (select) [____] Times New Roman, [____] Arial, or [____] Vincer Hand ITC

All orders will be filled upon receipt of payment

Payment: [____] Credit Card or [____] Check (Payable to Anderson Stationers)

Credit Card information: May be phoned to Jim Werth at Anderson Stationers, or as a courtesy Andersons will call you for credit card info after your order has been received.

Visa or MasterCard Card Number _____

Security Code _____

Expiration Date _____ Credit Card Billing Zip Code _____