

The Red Lancers - Ordering Form

Directions: Print out this form. For each item you are ordering, fill in a line in Part 1 with the item's information, then fill in the information for lines 11 through 13 and fill in the total amount due below line 13. Check which payment type applies in Part 2, and fill in the information about the payment type. Fill in the address information completely.

LINE NUMBER	PART 1		COL "A"		COL "B"		COL "C" (COL "A" x COL "B")	
	MANUFACTURER	ITEM NUMBER	QUANTITY		PRICE		LINE SUBTOTAL	
1.	.	.	.	X	.	=	\$	
2.	.	.	.	X	.	=	\$	
3.	.	.	.	X	.	=	\$	
4.	.	.	.	X	.	=	\$	
5.	.	.	.	X	.	=	\$	
6.	.	.	.	X	.	=	\$	
7.	.	.	.	X	.	=	\$	
8.	.	.	.	X	.	=	\$	
9.	.	.	.	X	.	=	\$	
10.	.	.	.	X	.	=	\$	
11.	Subtotal: All amounts in COL "C", Lines 1-10 added together						=	\$
12.	6% Sales Tax (PA residents only): Amount from line 11 multiplied by .06, all fractions rounded up to nearest cent						=	\$
13.	Shipping and Handling: Based on amount in line 11 if shipping within the U.S, or verified via contact with us if outside the U.S						=	\$
Total Amount Due: Lines 11, 12, 13 added together:							=	\$

PART 2 - Payment Type (Check One)

VISA CC Number: _____ Exp.Date (MMYY) ; _____
 MasterCard CC Number: _____ Exp.Date (MMYY) _____
 Personal Check Check Number: _____
 Money-Order Money Order Number: _____

Name : _____
 Address: _____

 City: _____
 State, Province, Territory: _____
 Country (if outside the U.S.A): _____
 Zip Code: _____
 Phone:() _____
 E-mail Address: _____ @ _____

Make checks and money orders payable to, and then mail or FAX this form to:

**The Red Lancers
 14 Broadway
 Milton PA, 17847**

FAX: (570) 742-4814

Signature: _____