TPH Xpreshons Order Form

Bill to:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Number: _____ Email: _____

Quantity	Item	Units	Description			Unit Price	Total

Subtotal	
MI Sales	
Shipping	
Misc	
Balance	

Minimum order: $5. Minimum shipping: $3. NO COD's. Next Day Shipping Available.

Check type of Payment: Visa_____ MasterCard _____ Check _____ Money Order_____

Credit Card No. _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Fax this form to: 248.828.7553