

BILLING INFORMATION

* = REQUIRED FIELD

*CUSTOMER NAME	
*STREET ADDRESS	
APARTMENT/SUITE #	
*CITY	
*STATE (DOMESTIC)	
STATE/PROVINCE (INTERNATIONAL)	
*ZIP CODE	
*COUNTRY	
PHONE NUMBER	
EMAIL ADDRESS	
CREDIT CARD NUMBER we accept Visa, Mastercard,American Express and Discover	
EXPIRATION DATE	
SIGNATURE	

SHIPPING INFORMATION (if different from above)

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*CUSTOMER NAME	
*STREET ADDRESS	
APARTMENT/SUITE #	
*CITY	
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STATE/PROVINCE (INTERNATIONAL)	
*ZIP CODE	
*COUNTRY	
PHONE NUMBER	
EMAIL ADDRESS	

Please allow 2 weeks for delivery

CHARGE TOTAL:	\$
SALES TAX 8.25% (for CA Residents only)	\$
SHIPPING (PLEASE USE OUR WEB SITE "CALCULATE" BUTTON TO DETERMIN YOUR SHIPPING COST) TESSWORKS WILL SHIP YOUR ITEM/s VIA UPS (orders will not be processed without these charges)	\$
TOTAL PRICE:	\$