

ORDER FORM

Altra Forma and Friends+ Collections

BILLING INFORMATION

Name _____

Address _____

CITY STATE ZIP

Phone _____
AREA CODE + NUMBER

Fax _____
AREA CODE + NUMBER

Email _____

SHIPPING INFORMATION (We cannot ship to P.O. Boxes, please provide delivery address.)

Name _____

Address _____

CITY STATE ZIP

Phone _____
AREA CODE + NUMBER

Fax _____
AREA CODE + NUMBER

Email _____

ITEM NO.	QUANTITY SET = 1 QTY	DESCRIPTION	PRICE	EXTENDED PRICE

PAYMENT METHOD <input type="checkbox"/> Check <input type="checkbox"/> VISA (13 or 16 digits) <input type="checkbox"/> Money Order <input type="checkbox"/> MasterCard (16 digits) <small>Card Validation Code (three-digit code printed on signature panel)</small> _____ <small>name as it appears on card</small> _____ _____ <small>card account number</small> _____ _____ <small>card expiration date</small> <small>signature of authorized buyer</small>	SUBTOTAL	
	add 12% for packing and shipping	
	add state and local sales tax (if tax exempt a copy of your Tax Exempt Certificate must be supplied with your order)	
	TOTAL	
An order acknowledgement will be faxed back upon order processing. Please allow 4 weeks for delivery. Customers requiring CAL133 - please call for pricing.		

Fax Orders
1.312.829.8249



Order by Phone
1.866.418.8710
(Monday - Friday 8 am to 5 pm CST)