ORDER FORM



Date:

| Wild Visions, Inc. | то | | SHIP TO | |
|--------------------------|----|-------|---------|-------|
| 6990 State Route 8 | | | | |
| Brant Lake, NY 12815 | | | | |
| Phone / Fax 518-494-3072 | | | | |
| photos@carlheilman.com | | phone | | phone |
| | | email | | |

| QTY | ITEM # | DESCRIPTION | UNIT PRICE | LINE TOTAL | | | |
|--------------------|---------------------|-------------|------------------|------------|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| SHIPPING (\$8.95) | | | | | | | |
| | | | SUBTOTAL | | | | |
| NY State | shipping addresse | Sales lax | NYS SALES | | | | |
| NYS Cour | nty being shipped t | TAX | | | | | |
| | ity boing omppour | TOTAL | | | | | |
| | | | | | | | |
| Method of Payment: | | | | | | | |
| | Check | | MasterCard | | | | |
| | 🛛 Visa | | American Express | | | | |
| | D Discove | er | | | | | |
| | | | | | | | |

Credit Card #

Signature

Please make checks payable to : Wild Visions, Inc. Send to: 6990 State Route 8 Brant Lake, NY 12815 Phone or Fax : 518-494-3072 Monday - Friday 9-5 Eastern Time

Exp. Date

Office Use Only - Approval_____