



ORDER FORM

date: _____

Billing Address:

Name: _____

Address: _____

City & State: _____

Zipcode: _____

Daytime phone: _____

Facsimile: _____

METHOD OF PAYMENT:

Check COD (\$6.00 UPS charge)
 Credit Card - Visa, Master Card, Discover & Amex

Shipping Address

(if different - UPS will not deliver to a PO Box)

Name: _____

Address: _____

City & State: _____

Zipcode: _____

Phone: _____

CREDIT CARD INFORMATION:

Account # _____

Exp. Date: _____

Signature: _____

Quantity	Product Code	Description	Unit Price	(Wt.)	Total Amt.

Please Total Item Weights - weight per item is indicated after item price (lb.) :

GUARANTEED DELIVERY SERVICE: available:

UPS Next Day A.M., Next Day Saver, 2nd Day A.M., 2nd Day, 3rd Day & Federal Express

Subtotal: _____

Item Prices & Shipping Charges subject to change without notice.
Please notify us of an address change
Thank You for Your Order

MA Residents only MA Sales Tax 5%: : _____

see rate chart **Shipping:** _____

TOTAL _____

make paper, make artTM

ORDER TOLL FREE: 1.888.MCPAPER (1.888.627.2737) Fax: 617.242.8825