ANIMENATION ORDER FORM

ITEM DESCRIPTION	ITEM NUMBER	UNIT PRICE	QTY	SUBTOTAL
COUPOM DESCRIPTION	COUPON NUMBER	DISCOUNT		(-)

TOTAL PURCHASE

SHIPPING

FLORIDA SALES TAX

TOTAL

SHIPPING INFORMATION (PLEASE COMPLETE ALL FIELDS):

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP, COUNTRY: _____

PHONE NUMBER(S): _____

PAYMENT INFORMATION (CHECK ONE):

- ☐ PERSONAL CHECK
- ☐ OFFICIAL/CASHIERS CHECK
- ☐ MONEY ORDER
- ☐ CREDIT CARD

CREDIT CARD PAYMENTS (COMPLETE IF APPLICABLE):

CIRCLE ONE: VISA MASTERCARD AMEX DISCOVER EXP DATE: _____

CARD NUMBER: _____

NAME ON CARD: _____

BILLING ADDRESS: _____

SIGNATURE: _____