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ORDER FORM

300 Lakeview Parkway U.S.: 1-800-442-9722

Vernon Hills, IL 60061 Fax: 1-847-680-9250

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www.windycitynovelties.com

				MENT INFORMATION: TERMS: CURRENT ORDER		FUTURE ORDERS	
Todays Date:	Custome	Customer #:		Certified Check / Money Order		☐ Certified Check / Money Order	
Ship Date:	P.O. #: _		☐ Credit card (se	☐ COD (approval required) ☐ Credit card (see Authorization Form)		☐ COD (approval required) ☐ Credit card (see Authorization Form)	
Use Date: Resale #:				☐ Net Account (approval required) ☐ Net Account (approval required) All Totals are subject to shipping charges, bank convenience fees and any applicable sales taxes			
SHIPPING: All orders as	re shipped UPS sta	ndard ground unless indi	cated below. Any orde	ers shipping to H	awaii or Alaska are	shipped air freight only	
Standard	Overnight: UP Overnight: UP Overnight: UP	S 🗖 Fed-Ex (Next Busine					
	SOLD TO:				SHIP TO:		
Company:	Company:	Company:					
Name:	Name:	Name:					
Address:		Address:					
Signature:							
Daytime Phone: ()			Fax: (Fax: ()			
Item #	Page #	Descrip	otion	Qty.	Price	Total	
				+ +			
				+			
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					Sub Total		
					Sales Tax (IL Only)		
					Freight (to be determined)		
					Credit Card Fee (if applicable)		
M	of any item?	□ No	INVOICE TOTAL				