

ORDER DATE: _____

NUMBER: _____

Mu Mu Color Graphics

1624 Vestal Road Vestal, NY 13850-1826

Phone: 607-786-5938

FAX: 607-348-1440

ORDER FORM

NAME: _____

COMPANY: _____

SHIPPING _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

Internal Use Only

QUANTITY	DESCRIPTION	UNIT COST	SET-UP CHARGE	TOTAL

Detailed description of job:

Please include full payment with order

<p>* If tax exempt, please supply signed Resale Certificate with exemption number.</p> <p>____ Certificate Enclosed.</p> <p>Exemption # _____</p>	Shipping Charge	
	SUB TOTAL	
	* Sales Tax	
	GRAND TOTAL	
	Payment in Full	

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ORDER FORM

Billing Information



Select card type:

Card Number:

Expiration Date: XX XXXX

Name on Card: First:

Last:

Card Verification

Number:



Address 1:

Address 2:
(Optional)

City:

State:

Zip:

E-mail address:
(Optional)

Home Telephone:
(Optional)

Signature: _____