The Lowline Shop Order Form

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Customer Name: _____ Phone: _____

Shipping Address: _____ City: _____

_____ State: _____ Zip: _____

Item Description	Size	Color	Quantity	Personalization Info.	Price Each	Total
					Subtotal:	
					Shipping:	
					Tax (.055% WI orders):	
					Total:	

Payment Method:

___ Check

___ Credit Card
___ Visa ___ Master Card ___ Discover
Account #: _____
Expiration Date mm/yy: _____/_____

Signature: _____