



Order Form

<u>Billing Information:</u>			
First Name:		Last Name:	
Address:		City:	
State:		ZIP:	
Daytime Phone:		Email Address:	
<u>Shipping Address: (If Different than Above)</u>			
First Name:		Last Name:	
Company Name:		Address 1:	
Address 2:		City:	
State:		ZIP:	
<u>Payment Information:</u>			
Method of Payment:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Check or Money Order		
Credit Card Number:		Expiration. Date:	(MO/YR)
Card Code:		Signature:	
Product Name	Color/Option	Quantity	Unit Price
Order Total:			
Shipping:			\$4.99
Grand Total:			

Send Orders To:

Phat Sport Shades
 142 High Street – Suite 409
 Portland, ME 04101