The Dinosaur Store®-Order Form **FAX: 321-783-7440**

CONTACT INFORMATION:

First name*_____

Last name*_____

Street address* _____

City*_____

State/Province* _____

Zip/Postal code* _____

Country* _____

Phone*_____

FAX _____

E-mail* _____

QUANTITY / DESCRIPTION / PRICE

_____

_____

_____

BILLING INFORMATION:

Credit card (VISA MasterCard American Express Discover) Circle one

Cardholder name* _____

Card number*_____Expiration date*_____

Billing address (if different than shipping address).

_____

SHIPPING INFORMATION: Please indicate if the shipping address is the same as the contact information.

Street address* _____

City* _____

State/Province*_____

Zip/Postal code* _____

Country* _____

Signature authorizing charge to the credit card. *Shipping charges will be e-mailed to you before card is charged.*

_____

THANK YOU FOR YOU ORDER!!