

SOLD TO

Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

SHIP TO

Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

DATE _____

ORDER NO. _____



Quantity	Style Number	White/Ivory	Type Style Number	Type Style Color	Line 1 Clearly Print Name or Monogram Line 2 List Monogram in Order of Appearance	Cost	Shipping Charge	TOTAL COST

Notes

- Sales Tax: 6% for shipments to PA
- Payment method: check payable to Leaf Print Impressions
- Invoice payable: 15 days

Special Instructions

for LPI use

Date received _____

Date shipped _____

Invoice number _____