

## PA Lumber Museum    Gift Shop Order Form

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City State Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

Date \_\_\_\_\_

Please Make Cheeks Payable To  
 PALMA

Shipping And Tax is included in price

	Quantity	Item Number	Price
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
		Total	\$

Please Complete All Fields. You May Cancel This Autheration At Any Time By Contacting Us.

Credit Card Info
Card Type <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex

Card Holders Name ( as Shown on card) \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ CVC# \_\_\_\_\_  
 Cardholder Zip code \_\_\_\_\_

From credit card Billing Address

I authorize PALMA to Charge My Credit Card for items listed above.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

