DANIEL JOSEPH

Lighting

PERSONAL AND BILLING INFORMATION

_____	_____	_____
First Name	Last Name	Date
_____	_____	_____
Phone (Daytime)	Phone (Evenings)	Fax
_____	_____	
Email	Billing Address	
_____	_____	_____
City	State and Zip	Country

SHIPPING INFORMATION (IF DIFFERENT FROM ABOVE)

_____	_____	
Company Name	Attention	
_____		_____
Street Address		City
_____	_____	
State and Zip	Country	

PAYMENT TERMS (WE ACCEPT VISA/MC, COD W/CASHIERS CK/MO, OR PREPAY)

Please charge my ☐ VISA ☐ M/C   -Shipping charges will be applied when order is shipped or call for estimate.

_____	_____
Card/Account Number	Exp. Date
_____	_____
CCV # *	Cardholder's Name (Please Print) Cardholder's Signature

*(Found on back of card in signature line (last 3 digits)
All packages shipped by U.P.S., which will be figured at time of shipping. Buyer is responsible for all shipping charges.

ORDER

Description or Item Name / #	Size / Dim.	Options	Quantity	Price Each	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
				ORDER TOTAL:	

Because all our products are custom made to order and we have the highest quality products, there is a 15% restocking charge on all return products within 30 days, with copy of receipt and prior authorization. Please recheck your sizes and styles before ordering