

Carriage House Samplings

Order Form

Fax it to 717-792-6156

Billing Information

Name (as it appears on card): _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Phone Number: () - _____
 Email: _____

Credit Card Information

Master Card Visa

Card No.:

Expiration Date: Month Year

3-Digit Code: See website for information.

Shipping Information (if different than Billing Information)

Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____

Pattern Name	Price/Item	Quantity	Total Price
		Sub Total:	
		Shipping:	
		\$4.80 per order for Priority Mail	
For First Class – Price to be determined – Write in "1 st Class" instead of dollar amount			
For Maryland Residents Only		PA Sales Tax at 6%:	
		Order Total:	