



**WHITE CREEK
IMAGES**

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Retail Order Form

E-mail: sales@whitecreekimages.com
www.whitecreekimages.com

	Page#	Item Name	Item#	Artist	Qty	Item Price	Total Price
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total Merchandise	\$
Shipping & Handling	\$
Special Shipping Charges	\$
Subtotal	\$
7% Sales Tax – NY Residents	\$
TOTAL	\$

BILLING ADDRESS *(Please print)*

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

SHIPPING ADDRESS *(If different than billing address)*

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Contact Person _____

PAYMENT *(Please check one)*

M.O. Credit Card P.O.# _____

Credit Card Type *(Please check one)*:

VISA MC AMEX

Credit Card # _____

Security Code* _____ Exp. Date _____

Card Billing Address _____

City _____ State _____ Zip _____

Authorized Signature _____

Card Holder's Name _____

Position _____ Date _____

*Visa/MC — 3 digit security code on back of card.
AMEX — 4 digit security code on front of card.