

# Boxcar Press Order Form

501 West Fayette St. Studio 222. Syracuse NY 13210.

Phone 315.473.0930. Fax 315.473.0967. order@boxcarpress.com.

http://www.boxcarpress.com.



Name \_\_\_\_\_ Organization \_\_\_\_\_

Contact information (new customers only. Returning customers - we have your info on file)

Telephone 1 \_\_\_\_\_

Telephone 2 \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site \_\_\_\_\_

Billing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping address:  check if same as billing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase order # \_\_\_\_\_

Description	Quantity	Total Price
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Subtotal	_____	_____
NY Sales Tax at your county rate _____ (or contact us for your rate)	_____	_____
Sales tax exemption number _____	_____	_____
Shipping <input type="checkbox"/> check if you'd like us to contact you with shipping costs. Otherwise, leave this line blank and we'll include the costs in your total.	_____	_____
Total	_____	_____

Preferred shipping method  Overnight  Two-day  Ground FedEx account number \_\_\_\_\_

Payment (first-time customers must pre-pay):  Visa/Mastercard  check  on account (30 days due)

Visa/Mastercard card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name of cardholder: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_