

**FAX ORDER FORM**

**PRINT, COMPLETE AND FAX THIS ORDER FORM TO:**

**THROWS OF ART GALLERY Order Processing**

**Fax: (216) 761-4163**

**ITEMS**

QTY	SKU	ITEM NAME	PRICE

**BILLING INFORMATION (As Shown on Credit Card)**

First, Middle, Last Name	
Company Name	
Street Address	
City, State, Zip	
Telephone Number	

**CREDIT CARD INFORMATION**

Card Type	VISA	Master Card	Discover	Amex
Card Number				
Expiration Date		Security Code		
Cardholder Signature				

**EMAIL ADDRESS (Required For Order Confirmation and Payment Receipt)**

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**SHIPPING INFORMATION (If Different From Billing Address)**

First, Middle, Last Name	
Company Name	
Street Address	
City, State, Zip	
Telephone Number	

**GIFT INFORMATION**

Is This A Gift?	Yes	No
Gift Message:		