



ORDER FORM

BILLING INFORMATION

NAME

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE

EMAIL *(Please print clearly)*

SHIPPING INFORMATION

(If different than billing information)

NAME

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

PHONE

EMAIL *(Please print clearly)*

PATTERN NAME	QTY	PRICE* <i>(per sheet)</i>	SUBTOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Special Instructions / Notes:

TOTAL \$

PLEASE READ: Shipping will be applied after order is received.

All sheets are 26 x 40 however 28 x 40 is available upon request. Either size can be trimmed down.

A minimum of 10 sheets TOTAL is required. May be made up of different patterns.

** Per sheet price is based on quantity. Please refer to Price List.*

Email order form to: exceptionalpapersinc@gmail.com