Exceptional Papers Inc.

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* *(per sheet)*	SUBTOTAL
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		$	$ 0.00
		TOTAL	**$ 0.00**

Special Instructions / Notes:

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