

# 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* <i>(per sheet)</i>	SUBTOTAL
		\$	\$
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		\$	\$
		\$	\$
		\$	\$
		\$	\$
<i>Special Instructions / Notes:</i>		<b>TOTAL</b>	\$

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](mailto:exceptionalpapersinc@gmail.com)