

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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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.*