## **Exceptional Papers Inc.**

## **Order Form**

BILLING INFORMATION			SHIPPING INFORMATION (If different than billing information)			
NAME			NAME			
						CITY
PHONE	EMAIL (Please print cl	learly)	PHONE	EMAIL (Ple	ease print clearly)	
PATTERN NAME		QTY	PRICE*	(per sheet)	SUBTOTAL	
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
				\$	\$	
		\$ \$		\$ \$		
					\$	\$
			\$	\$		
			\$	\$		
			\$	\$	\$	
Special Instructions / Notes:			T	OTAL \$		

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.

<sup>\*</sup> Per sheet price is based on quantity. Please refer to Price List.