# **Exceptional Papers Inc.**

# **Order Form**

## **BILLING INFORMATION**

#### SHIPPING INFORMATION

(If different than billing information)

NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	CITY	STATE/PROVINCE	ZIP/POSTAL CODE
PHONE	EMAIL (Please pr	int clearly)	PHONE	EMAIL (Please	print clearly)

PATTERN NAME	QTY	PRICE* (per sheet)	SUBTOTAL
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Special Instructions / Notes:		TOTAL	\$

#### 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