REALTOR® Team Store Order Form

Bill To: _____
Attention: _____
Address: _____
City: _____
State:_____ Zip: _____
Phone: _____
Fax:_____

⬇ (Important to meet any deadlines) ⬇
Date Items Needed: _____

Ship to: **(if different)** _____
Attention: _____
Address: _____
City: _____
State:_____ Zip: _____
E-mail address: _____

Shipping: ☐ UPS Ground ☐ Other _____

Item#	Description	Quantity	Size	Unit Price	Total Price

☐ Please check here if partial shipment is acceptable

Orders usually ship within 48 hours, occasionally items will be backordered, allow 2-3 weeks for backordered items

Payment:

☐ Invoice me (Associations Only)
☐ Charge my Credit Card
Select one: ☐ Mastercard ☐ Visa ☐ American Express

Account Number _____

Expiration Date _____ CVV Code___

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