

Bill to:	Ship to (if different):
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:

e-mail address: _____

SKU #	Color	Size	Qty.	Item Description	Price each	Total price
Free Shipping						
Subtotal						
Sales Tax (MD residents add 6%)						
Total Due						

Payment Method (Check One)		
<input type="checkbox"/> Check or Money Order (Payable to JBW Enterprise) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Name on Card:		
Card Number:	Code:	Expiration Date:
Signature:	Date:	

Note: When paying by check, items will NOT be shipped until check clears bank.