

LAMP SHOP ORDER FORM

Business Name: _____ Date: _____

Name: _____ Daytime Telephone: _____

Email Address: _____ Daytime Fax: _____

Shipping Address for UPS: _____

Mailing Address for USPS: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Delivery Instructions for UPS: _____

Type of Order: Dealer Retail

Method of Payment: Check Discover MasterCard Money Order VISA American Express
 Other _____

Credit Card #: _____ Exp. Date: _____ Name on credit card: _____

Quantity	Stock#	Description	Size/Color	Unit Price	Total Amount



The Lamp Shop
 PO Box 3606
 Concord, NH 03302-3606
 Email: info@lampshop.com
 Phone: 603-224-1603
 24Hr. Fax: 603-224-6677
www.lampshop.com

Merchandise Total \$ _____
 Estimated Shipping + _____
 Merchandise under 10.00
 Add \$2.00 + _____

 GRAND TOTAL \$