



KCIC CHRISTMAS ORNAMENTS ORDER FORM

Name: _____

Street Address: _____

Apt / Rural Box (no PO Box): _____

City/State/Zip: _____

Phone: _____ Email: _____

Complete the related fields and fax to us at the number below.

SKU #	Description	Color	Shape	Initial	Quantity	Unit Price	Amount

NOTE: We will calculate the shipping charge and contact you with the final total.

Sub-Total _____

Different ship to address?

Name: _____

Street Address: _____

Apt / Rural Box (no PO Box): _____

City/State/Zip: _____

PAYMENT INFORMATION

Name on Card: _____

Card Number: _____

Exp. Date: _____ Security Code: _____

Check Number: _____ Date: _____

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 PITTSBURGH, PA 15237
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