

print order form

SHIPPING INFORMATION:

Name _____
Address _____
City, State, Zip _____
Email _____
Phone _____

BILL TO (if different):

Name _____
Address _____
City, State, Zip _____
Email _____
Phone _____

Payment Method: Credit Card Check PayPal

If paying by PayPal, please include your account email on the line above and we'll send a request.
If paying by credit card, we accept MasterCard, Visa and American Express.

Name on Card _____
Credit Card Number _____
Expiration Date _____ CVM Code _____

Item Number	Item Name	Color	Size	Qty	Unit Price	Total Price

SUBTOTAL (not including shipping*): _____

***Shipping costs will be calculated when your order is packed and ready to leave our warehouse. Your total cost will be reflected in a confirmation email sent to your "bill to" address listed above when your order has shipped.**

- To order by phone, call: **1.877.218.9131**
- To order by fax, send this form to: **617-440-7630**
- To order by mail, send this form to:
Autonomie Project, Inc., 119 Braintree Street, Suite 510, Boston, MA 02134

...please use next sheet if you are ordering more items than designated above...

