Order Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

TO COMPLETE ORDER-

Mail to: Katie-Did
1011 Seneca Road
Wisconsin Rapids, WI 54495

Fax: 715-887-2520

Email: katiedid@wctc.net

Quantity	Item #	Description	Price	Total

Payment Options - Check one:

❑ Check or money order attached

❑ Bill Credit Card MasterCard & Visa accepted

Circle one: MasterCard Visa

Signature _____

Expiration Date _____

Invoice Number _____

Thank You!

Merchandise Total	
Sales Tax (WI residents 5.5%)	
Shipping & Handling	
TOTAL AMOUNT	