

Fax or Mail This Form:

Cookbooks ordered:

QUANTITY (\$20 Each) _____

TOTAL \$_____

TAX 7% Florida Residents only \$_____

SHIPPING \$ 4.00

TOTAL DUE \$_____

CHECK NUMBER ENCLOSED: _____ or:

CREDIT CARD TYPE: _____

CREDIT CARD # _____

EXPIRATION NUMBER _____

CREDIT CARD BILLING INFORMATION

YOUR BILLING NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: () _____

SHIPPING INFORMATION

Same as billing? Yes _____

YOUR SHIPPING NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE: () _____

Mail or fax this form to:
Griffin Productions, Inc.
PO Box 1314
Indian Rocks Beach, FL 33785
Fax (727) 517-1998 Phone (727) 517-1997