

DIGITAL HOTCAKES

Order Form

Bill to:	Ship to (if different)
Name:	Name:
Address:	Address:
City, State, Zip code:	City, State, Zip Code:
Phone:	Phone:
E-Mail:	E-Mail:

Qty.	Item Description	Price
Sub-Total:		
Shipping and Handling: (Call for quote)		
Total:		
Method of Payment: Company Check () # _____ Credit Card () # _____ Exp. Date: _____ Cardholder's Signature: _____ Cardholder's Name (please print) _____		Would you like to be notified of special offers? Yes ____ No ____ Make checks payable: TriLab Productions 3135 Green Terrace Rd Shreveport, LA 71118 TEL: 318-603-0236 FAX: 318-603-9022