

HEAD OF THE JEWISH CLASS - ORDER FORM - FAX TO: 718-953-6527

Date: _____

BILLING INFORMATION

Last Name: _____

First Name: _____

Company Name: _____

Address: _____

Room/Floor: _____

City: _____

State: _____ Zip code: _____

Home phone: _____

Work phone: _____

E-Mail: _____

SHIPPING INFORMATION (if different)

Last Name: _____

First Name: _____

Company Name: _____

Address: _____

Room/Floor: _____

City: _____

State: _____ Zip code: _____

Home phone: _____

Work phone: _____

Product Name	Quantity	Price Shown

PAYMENT INFORMATION

- VISA
 MASTERCARD
 AMEX
 DISC
 CHECK
 SEND INVOICE

Full Name: (on Card) _____

Card Number: _____ Expiration Date: _____

Notes: _____
