

THE ATTIC

Needlework

ORDER FORM

DATE: _____
 NAME: _____
 EMAIL: _____
 PHONE: _____

BILL TO ADDRESS: _____		SHIP TO NAME (if different): _____	
CITY: _____ STATE: _____		ADDRESS _____	
ZIP/POSTAL CODE: _____	COUNTRY: _____	CITY: _____ STATE: _____	COUNTRY: _____
_____	_____	ZIP/POSTAL CODE: _____	COUNTRY: _____

QTY. <small>(# skeins)</small>	ITEM # COLOR NAME	FLOSS	FABRIC	CHART	KIT <small>(ALL 3)</small>	FABRIC SIZE <small>(Count & LxW inches)</small>	DESCRIPTION/VENDOR DESIGNER NAME
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Name on Card: _____
 Credit Card# : _____
 EXP. ____/____ CVS: _____
 Signature _____

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