

Bear Claw Fax Order Form

Print this form to order Bear
Claw Products, fill out and fax to:
Attn: Order Desk
Facsimile No. 989-772-2004

Billing Information

Name _____

Address _____

Apt./Suite No. _____

City _____ State _____ Zip _____

Shipping address is different than billing address:

E-mail Address: _____

(We will confirm receipt of your order, add shipping charges, sales tax and advise you of total charges to you account.)

Day Telephone No. (if no e-mail address)

Qty.	Stock No.	Description	Color	Cost/ Each	Total Cost

Circle Method of Payment: (circle one)	
VISA AMEX	DISCOVER MASTERCARD
_____	_____
Card Number	EXP.Date
_____	_____
Print Name As It Is On Card	Signature

