Email this form to: info@sandcrafters.com

FAX this form to Mail this form to		.9 ● 64 E. Uwchlan A	ve • #229 • Exto	on, PA • 19341							
Ship To (US addresses only):			Bill To: (Exact billing address on credit card)								
Contact Name School/Business Name Address			Business or Organization Name Address								
						City				State	
						Contact Phone			Contact Email		
	CKER POWDER of 90 straws, incre	straws (includes saments of 30 thereafted amount & size of straws—BULK	straws, candy, cap er. The number traws ordered.	os and pour spouts)							
	Sold in increments			(Increments of 30)	TOTAL						
Size of Straws	90-480	510-960	990+	,							
6 " Straws	.80 each	.75 each	.70 each		\$						
12" Straws	1.10 each	1.05 each	1.00 each		\$						
18" Straws	1.35 each	1.30 each	1.25 each		\$						
Bottles Only	5-10 @ \$11.00 ea	10-19 @ \$10.50 ea			\$						
	Silippin	g (will be added whe	an order is proces	TOTAL DUE	+ '						
				Credit Card Numbe	r						
Special Instructions				Citali Cala Nambe							
		METHOD OF F									
		Bill my organization Organization Check Money Order or Bar US funds only No pers Charge to my (circle VISA MC DISC	nk Check onal checks please one):	Expiration Date: MM C V V Security Code	YValue Care Care Care Care Care Care Care Car						
		Pay Pal or secure of		X							

invoice will be emailed with a link for secure

payment.

Signature as shown on credit card

PRINT name as shown on card