

Expressive Walls
 4166 18th Street NE
 Willmar, MN 56201
 320-214-8252



Retail Order Form

BILL TO: **SHIP TO:**

Name:			Company:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:		Fax:		Phone:	
Buyers Name:			Attention:		
Email:			Email:		
Date	Cust. No.	PO #	Terms	Sold By	<input type="checkbox"/> New Account <input type="checkbox"/> Reorder

QTY.	ITEM NO.	COLOR	SIZE	DESCRIPTION	UNIT PRICE	TOTAL

<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CREDIT CARD					SUBTOTAL		
CREDIT CARD APPROVAL FORM (Per your approval, the total order + shipping charges will be charged to your credit card upon order completion. You will receive an invoice of total charges with order.)					SHIPPING		
VISA or MASTERCARD #		EXP. DATE		VER. CODE	DEPOSIT		
□□□□	□□□□	□□□□	□□□□	□□□	TOTAL		
_____ CARD HOLDER'S NAME			_____ SIGNATURE		_____ DATE		