

Phone: 866-493-1776
 Fax: 414-258-8202

Date: _____

Billing	Name*:	
	Street Address*:	
	Street Address 2:	
	City*:	
	State*:	
	Zip*:	
	Phone*:	
	Fax:	
	Email*:	

Shipping (if different)	Street Address:	
	Street Address 2:	
	City:	
	State:	
	Zip:	
	Phone:	

Payment	Payment Type*:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
	Card Number*:		
	Name on Card*:		
	Company:		
	Expiration Date*:		

Shipping Method	Method*:	<input type="checkbox"/> UPS Ground	<input type="checkbox"/> UPS 2nd Day Air	<input type="checkbox"/> UPS Next Day Air
	Shipping Charges:	<input type="checkbox"/> If you would like to know total shipping charges for your order, please check this box and we will get back to you via email.		

Order Information	Quantity	Description	Price	Extended Price
			Subtotal	

*=Required Field

Shipping Charges and Tax (if applicable) will be calculated and added by Low Price Flags, Inc. at the time of order processing. Your order will be confirmed by email showing line items and the total amount charged to your credit card.