George Tiemann and Co. Order Form

Bill To: _____ **Ship To:** _____

Contact: _____ **Contact:** _____

Address: _____ **Address:** _____

City: _____ **City:** _____

State: _____ **Zip:** _____ **State:** _____ **Zip:** _____

Phone No: ( ) _____ **Phone No:** ( ) _____

FAX#: ( ) _____ **FAX#:** ( ) _____

Quantity	Stock Number	Description	Price	Total
			Total:	

☐ **Amex** ☐ **MasterCard** ☐ **Visa** **Card #** _____

Exp. Date: _____

CSV Code: _____

Signature: _____ **Date:** _____