

Tara Wright Studio Order Form

Order Date: _____

Ship Date: _____

Billing Type: _____

Ship to: Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____
 Email: _____

Bill to: Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____
 Email: _____

	<i>SKU</i>	<i>Name or Description</i>	<i>Quantity</i>	<i>Unit Price</i>	<i>Subtotal</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
<i>Total (before shipping)</i>					

Credit Card Type: _____ Credit Card Number: _____

Expiration: _____ Security Code: _____ Billing Zip: _____

Name on Card: _____

*To submit your order, please email
 this form to hello@tarawrightstudio.com.*



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