

FAX ORDER FORM
Bella Architectural Products

Shipping _____
 Name* _____
 Address* _____
 City* _____ State* _____ Zip* _____
 Phone* (____) _____ Email Address* _____

Billing Address Please check box if same as shipping address
 Name* _____
 Address* _____
 City* _____ State* _____ Zip* _____
 Phone* (____) _____ Email Address* _____

*Required information Check to receive special Bella Architectural Products emails news and offers

Item #	Quantity	Item Description	Price Each	Total
Merchandise total				
delivery				
Sales tax				
TOTAL				

PAYMENT METHOD
 Visa MasterCard
 American Express Discover

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

/ Enter your 3 or 4 digit credit card ID (CCID) number
 Expiration Date 1 2 3 4 (the last 3 or 4 digits on the back of your card)

Signature _____ Date _____