

# The Bent Fork Ordering Form

## Order Anytime!

NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TOWN, STATE & ZIP: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

Phone: 847/926-GIFT (4438)  
 Fax: 847/926-GIVE (4483)

Sales Tax only applicable for Illinois State Residents!

**SHIP OR DELIVER TO:**

COMPANY NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, & ZIP: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 GIFT MESSAGE: \_\_\_\_\_  
 \_\_\_\_\_

| QTY | ITEM NAME | PRICE EACH | TOTAL PRICE |
|-----|-----------|------------|-------------|
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |

SHIP ASAP  SHIP TO ARRIVE WEEK OF: \_\_\_\_\_

**SHIP OR DELIVER TO:**

COMPANY NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, & ZIP: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 GIFT MESSAGE: \_\_\_\_\_  
 \_\_\_\_\_

| QTY | ITEM NAME | PRICE EACH | TOTAL PRICE |
|-----|-----------|------------|-------------|
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |

SHIP ASAP  SHIP TO ARRIVE WEEK OF: \_\_\_\_\_

**SHIP OR DELIVER TO:**

COMPANY NAME: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, & ZIP: \_\_\_\_\_  
 DAYTIME PHONE: \_\_\_\_\_  
 GIFT MESSAGE: \_\_\_\_\_  
 \_\_\_\_\_

| QTY | ITEM NAME | PRICE EACH | TOTAL PRICE |
|-----|-----------|------------|-------------|
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |
|     |           |            |             |

SHIP ASAP  SHIP TO ARRIVE WEEK OF: \_\_\_\_\_

**VISA/MASTERCARD**

Number: \_\_\_\_\_  
 Expiration: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Signature: \_\_\_\_\_

SUBTOTAL ITEMS : \_\_\_\_\_  
 DISCOUNT : \_\_\_\_\_  
 SALES TAX 7%: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_