

MAIL ORDER FORM

Billing Address

If Charging your Purchase, use the Name as it appears on your Credit Card and the Billing Address.

Ms. Mrs.
 Miss Mr.

 FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Mail To:



Fax To: (951) 943-5574

Phone: (800) 713-0493

Web: www.gavilans.com

Shipping Address (If different than above):

Multiple Shipping addresses are available on phone orders only. Additional shipping charges apply.

Ms. Mrs.
 Miss Mr.

 FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Help us serve you better.

Phone

Track your order.

Email _____

CLH315A1Z6

| STOCK NO. | DESCRIPTION | SIZE/COLOR CODE | QTY. | PRICE EACH | MERCHANDISE TOTAL |
|-----------|-------------|-----------------|------|------------|-------------------|
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
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| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |
| - | - | | | | |

YOU MAY CHARGE YOUR PURCHASE

Visa American Express MasterCard Discover

X _____
 Sign your name as it appears on your Credit Card Month Year



FREE SHIPPING:

We will ship your order FREE anywhere within U.S. Postal Service zip codes, regardless of weight! Minimum merchandise order \$20.

Add \$1 if merchandise total is less than \$20.

Expedited shipment services are available at an additional cost on phone orders.

| | |
|--|---------|
| Merchandise Total | \$ |
| Handling | \$ 3.00 |
| Sub-total (California Taxable Amount) | \$ |
| 7¼% Sales Tax if delivered in California See On-Line Chart | \$ |
| Shipping Charges | \$ |
| Total Amount Due Enclose Check, Money Order or Charge It (No currency). | \$ |

