OlivePress



	Shipping	Date	I	Invoice Date		
Name	Send to:		Name	Bill to	(if different):	
Address			Address			
Country			Country			
Phone			Phone			
Pı	urchas	e Order No.				
	Quantity				Suggested Retail Price	Extended Total
		This Daniel			\$10.95 ea.	
		This Ruth			\$14.99 ea.	
		This Joseph- NEW!			\$24.99 ea.	
	The Light of Memory				\$11.95 ea.	
					Sub-Total	
				Sh	ipping Charges	
	PAYMENT DUE					
Method of Payment						
☐ Check/Money Order ☐ MasterCard ☐ Visa Please make all checks payable to OlivePress. Full payment is expected within 30 days of above invoice date. Canadian and overseas customers, your payments must be in U.S. funds drawn on a U.S. bank. Thank you.						
Credit Card Number						
(13 or 16 digits) Expiration Date Signature						
1200 FARMINGTON AVE., BRISTOL, CT 06010 PHONE 860.582.7196 or 800.832.7081 and FAX 860.584.6558						

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