LEATHERBAY INCORPORATED
ORDER SHEET

DATE:

Order Ref.:

A BILL TO

Company/Name:
Address
City: State: Zip:
Country:
Phone: ( ) Fax: ( )
Email:

B SHIP TO

Company/Name:
Address
City: State: Zip:
Country:
Phone: ( ) Fax: ( )
Email:

Ship to address A or B	Product sku #	Product name	Color	Price / Unit	Quantity	Total

Sub-Total	
Shipments to CA - Add 8.25% Tax	
Shipping and handling	
Total	

Resale certificate #
(If applicable)

PAYMENT METHOD

- ☐ Master Card
- ☐ Visa Card
- ☐ Discover Card
- ☐ American Express
- ☐ Check
  Shipments will not leave our warehouse until check is cleared.

Credit card number

Expiration date
m m y y

Name of the card holder:

Signature of the card holder:

Special instructions if any: