

order form

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Phone: Name: Address:			Name:												
								City, ST, Zip:			City, ST, Zip:				
								Email Address:							
								Collection Name	Pattern	Rug Studio Number	Size	Color	Quantity	Price	Total
	_	_	_												
Special Instructions:															
					Shipping \$										
				Sales Tax (8.125%	6; Texas Only) \$										
					TOTAL\$										
Name as it appears on o	card:														
Type of card:	MasterCard Visa	Discover	American Exp	oress											
Card Number:															
Billing Address (as it ap	pears on statement):														
Expiration Date:		last 3 digits on bac	k of card):												
I authorize RugStudio.c	om to charge my credit carc	I for payment for the purc	hase listed above.												
Signature:				Date:											