



ORDER FORM

Customer Information

Name: _____ Date: _____
 Address: _____ Daytime Phone: _____
 _____ Evening Phone: _____
 City, State Zip: _____ Email: _____

Sales Information

Item #	Title, Artist, Description	Quantity	Price

Sub-Total:		
NC Residents Sales Tax (6%):		
Shipping & Handling:		
Total:		

Check Shipping Option: UPS Ground (7-10 days) Federal Express (Next Day) FedEx (3 day)

Payment Method

MasterCard/Visa/Amex: Account Exp.
 (Circle One) Number _____ Date _____ Code _____

Name of Cardholder: _____ Cardholder Address
 _____ (if different from above): _____

I hereby authorize BGroup Contemporary African Art & Design to charge the above payment to my credit card.

 Sign Date

Or Mail your Check / Money Order to: BGroup, 301 Hasbrouck Drive, Apex, NC 27502

Fax This Form To: **919-363-9873**