

# ELFCO ORDER FORM

**Bill to:**

P.O. # \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Buyer's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_ Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

**Ship to:**  Same as bill to

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_ Zip code \_\_\_\_\_

**Mail your order to:**

ELFCO  
 5370 Hessel Road  
 Sebastopol, CA 95472

**Fax or call:** (707) 823-1962

**Method of Payment:** (For security purposes, this form should not be emailed.)

Visa    MC    Check Enclosed    ELFCO Account (Bill me net 30 days)

Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_ Security Code \_\_\_\_\_

STYLE	QTY	SIZE	COLOR	FABRIC	PRICE	TOTAL				
<b>ADDITIONAL INSTRUCTIONS:</b>    					SUBTOTAL					
					CA RESIDENTS ADD 8.25% SALES TAX					
					* SHIPPING/HANDLING/INSURANCE					
					TOTAL AMOUNT					

\* We will add the actual cost of shipping, plus a \$5.00 handling fee and any insurance costs.