PREGNANCY PIERCINGS

Order Form

Billing Information

Name _____
Address _____
_____
City _____
State _____
Zip / Postal Code _____
Country _____

E-mail _____
Telephone _____

Shipping Information (if different)

Name _____
Address _____
_____
City _____
State _____
Zip / Postal Code _____
Country _____

Credit Card Information

Number _____
Expiration _____

Type: Visa M/C Amex Discover
Code on back _____
Signature: _____

Description	Quantity	Unit Price	Cost
		Subtotal	
		Shipping	$2.55
	Tax (NY)	8.25%	
			Total

Mail Check or Money Order To:

Pregnancy Piercings 82 Harborview Terrace Rochester, NY 14612

Fax # 585-865-7083