ORDER FORM

Bill To:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Ship To:
(If different from bill to)

Name: _____

Address: _____

City, State, Zip: _____

Date: _____

Order Number: _____
(For Wing Bling)

Quantity	Unit	Item #	Description	Color/Pattern	Unit Price	Total

Core Charge	
Labor	
Sub Total	
Sales Tax (FL)	
Shipping	
Grand Total	
Deposit	
Balance Due	

If paying by check, make payable to Wing Bling Corp.
Or
Credit Card : _____

Expiration Date: _____

CVV (3 digit code on back of card): _____

Name on Card: _____

Customer Signature: _____

Wing Bling Corp.
5420 S. Pendant Point
Floral City, FL 34436

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Fax: 352-419-0102
E-mail: sales@mywingbling.com