# Spirit Shop Order Form

Order Date: _____

Ship to:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

Bill to:

Name: _____

Address: _____

City, St, Zip: _____

Phone: _____

☐ I will pick my order up from the shop-please do not mail

| Qty. | Item # | Size | Description (include color if applicable) | Unit Price | Line Total |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Subtotal | |
| | | | | Tax 6.5% | |
| | | | | S&H: $5.00 for $1.00-$50/over $50-$10.00 | |
| | | | | Total | $ |

☐Visa ☐MC ☐Discover ☐Check

*If you pick your order up from the shop-do not include S&H

_____
Print name exactly as it appears on card

_____
Account Number

_____
Expiration Date

_____
Signature

Please mail or fax a copy of order form along with payment to:
Seton High School
Spirit Shop
3901 Glenway Avenue
Cincinnati, OH 45205
fax (513) 471-0529