

ORDER FORM

Date _____ Person Ordering _____ Purchase Order # _____ Email _____

Invoice To:

Name

Organization

Address

City, State, Zip

Ship To (if different):

Name

Organization

Address

City, State, Zip

Phone _____ Fax _____

Phone _____ Fax _____

Qty	Order Number	Description or Title	Unit Price	Total Price

HOBAR PUBLICATIONS
 5995 149th Street West, Suite 105
 Apple Valley, Minnesota 55124-5711
 Phone: (952) 469-6699 • TOLL-FREE: (800) 846-7027
 Fax: (952) 469-1968 • TOLL-FREE: (800) 330-6232
 www.finney-hobar.com • info@finneyco.com

Subtotal		
Sales tax (MN only)		
Shipping & Handling (8%, min. \$8.00)		
Total		

PAYMENT METHOD

Bill organization identified above A check is enclosed Charge to VISA
 MasterCard
 Discover

Account Number - - - Verification Code

Charges will appear as Astragal, Chester, Finney

Expiration Date _____ Signature _____