

ORDER FORM updated 12-03-2019

 www.luminanti.com Complete & FAX, EMAIL or MAIL	FAX 919-563-1522 EMAIL order@luminanti.com Customer Service info@luminanti.com & www.luminanti.com	MAIL NO PERSONAL CHECKS or MONEY/BANK ORDERS Send COMPLETED ORDER FORM with CREDIT/DEBIT card info to: Anne Christine Tooley Luminanti Inc. 4402 Bradford Ridge Rd. Efland, NC 27243
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NO PERSONAL CHECKS or MONEY/BANK Orders
 Please review your order carefully before submitting. **Once your order is submitted, it CANNOT be changed.**
 If an order with **CUSTOM** tuning forks is cancelled, you will be charged for the cost of the **CUSTOM** forks.

BILL TO <small>(address where your credit card statement is sent)</small>	SHIP TO
<p>ALL INFO BELOW IS REQUIRED</p> Name: _____ Business Name: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State/Province: _____ Zip Code: _____ Country: _____ Daytime Phone: _____ Evening Phone (optional): _____ Email: _____	Residential Address <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Same as BILL TO Name: _____ Business Name: _____ Address Line 1: _____ Address Line 2: _____ City: _____ State/Province: _____ Zip Code: _____ Country: _____ Daytime Phone: _____ Evening Phone (optional): _____ Email: _____

Quantity	Description	Unit Price	Total
Merchandise TOTAL			
SUBTOTAL			
SHIPPING/INSURANCE			See below

We calculate the following:

- Shipping/Insurance (S/I): For **USA and Canada** orders, we ship Priority Mail or UPS Ground, whichever is less. **If you want EXPRESS SHIPPING (extra charge)**, please note **3-day, 2-day or Next Day** with your order. To **all other countries**, we ship Priority Mail International (PMI) or if requested, Priority Mail **EXPRESS** International (PMEI).
- NC Sales Tax of 7.50% is calculated **ONLY** for NC residents who purchase the Golden 'C' Water.

PAYMENT INFORMATION - Please PRINT Clearly BLACK INK

CREDIT Card or **DEBIT Card**

Visa Mastercard Discover American Express
 Diners Club BC JCB DinaCard UnionPay

Card Number _____ Expiry (mm/yy) _____ / _____ **3-digit or 4-digit Code** _____

Name on Card _____

SIGNATURE _____ Today's Date _____

EMAIL (required) **Where we send your RECEIPT** _____

CREDIT CARD BILLING INFORMATION Same as **BILL TO** or **OTHER** (complete below)

Address _____ City _____ State _____ Zip Code _____ Country _____