# ORDER FORM updated 11-07-2011

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| www.luminanti.com<br>Complete &<br>FAX, EMAIL or MAIL | **FAX**<br>**919-563-1522**<br><br>**EMAIL**<br>order@luminanti.com<br><br>**Customer Service**<br>**919-563-1600** | **MAIL**<br>Make MONEY ORDER in **US $** Payable to:<br>**Anne Christine Tooley**<br>**Luminanti Inc.**<br>**www.luminanti.com**<br>**4402 Bradford Ridge Rd.**<br>**Efland, NC 27243**<br>**NO PERSONAL CHECKS** | |

**NO PERSONAL CHECKS ~~~ CREDIT/DEBIT CARD** or **US $ MONEY ORDER ONLY**

| **BILL TO** (address where your credit card statement is sent) | **SHIP TO** |
|---|---|
| **ALL INFO BELOW IS REQUIRED**<br>Name:<br>Business Name:<br>Address Line 1:<br>Address Line 2:<br>City:<br>State/Province: Zip Code:<br>Country:<br>Daytime Phone:<br>Evening Phone (optional):<br>Email: | Residential Address ___ Yes ___ No<br>___ Same as BILL TO<br>Name:<br>Business Name:<br>Address Line 1:<br>Address Line 2:<br>City:<br>State/Province: Zip Code:<br>Country:<br>Daytime Phone:<br>Evening Phone (optional):<br>Email: |

| Quantity | Description | Unit Price | Total |
|---|---|---|---|
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| | | | |
| | ___Gift Certificate (please check if ordering a Gift Certificate) | | |
| | | Merchandise TOTAL | |
| | | Promotional Discount | - |
| | | SUBTOTAL | |
| | | SHIPPING/INSURANCE | See below |

We calculate the following:

- Shipping/Insurance (S/I): For USA and Canada orders, we ship UPS Ground unless you specify to ship via USPS. **If you want EXPRESS SHIPPING (extra charge), please HIGHLIGHT one of the following: OVERNIGHT, 2ND DAY, or 3-DAY**. To all other countries, we ship Express Mail International (EMI).
- NC Sales Tax of 6.75% is calculated for NC residents only.

**PAYMENT INFORMATION - Please PRINT Clearly BLACK INK**

____ **CREDIT Card** ***or*** ____ **DEBIT Card**
____ **Visa** ____ **Mastercard** ____ **Discover** ____ **American Express**
____ **Diners Club** ____ BC ____ **JCB** ____ **DinaCard** ____ **UnionPay**
**OR**
____ **US DOLLAR MONEY ORDER** Enclosed
Make payable to: **Anne Christine Tooley** – Mail to address at top of this form.

Card Number _____Expiry (mm/yy) ____ / ____ 3-digit **CVV2# or** 4-digit **CID#** _____
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 _____ State ____ Zip Code _____ Country _____