

Date: _____

Sold to: Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

Ship to: Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

| Item # | Qty. | Size | Color | Item Description | Price Ea. | Total |
|--------|------|------|-------|------------------|-----------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Is this a gift?

Yes

No

Total Amount _____

*Shipping Charge _____

(Ohio Residents only) 6-1/4% Ohio Sales Tax _____

Message: _____

GRAND TOTAL _____

***Shipping Charges:**

| Order Quantity | Amount |
|------------------|----------|
| 1 garment | \$ 4.00 |
| 2 – 5 garments | \$ 6.50 |
| 6 – 10 garments | \$ 10.50 |
| 11 plus garments | actual |

Payment Method:

- Money Order
- Check
- MasterCard
- VISA



Card # _____

Expiration Date: _____

Signature: _____

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