LEATHERBAY INCORPORATED
ORDER SHEET

DATE:

Order Ref.:

A BILL TO

Company/Name:

Address

City: State: Zip:

Country:

Phone: ( ) Fax: ( )

Email:

B SHIP TO

Company/Name:

Address

City: State: Zip:

Country:

Phone: ( ) Fax: ( )

Email:

Ship to address A or B	Product sku #	Product name	Color	Price / Unit	Quantity	Total
					Sub-Total	
					Shipments to CA - Add 8.25% Tax	
					Shipping and handling	
					Total	

Resale certificate #

(If applicable)

PAYMENT METHOD

- [ ] Master Card
- [ ] Visa Card
- [ ] Discover Card
- [ ] American Express
- [ ] Check
Shipments will not leave our warehouse until check is cleared.

Credit card number

Expiration date

m m y y

Name of the card holder:

Signature of the card holder:

Special instructions if any:

LEATHERBAY INCORPORATED, 231 MARKET PLACE, SUITE 173, SAN RAMON, CA 94583. Phone 1 (800) 980 6471 Fax 1 (925) 736 9109