



American Warmblood Registry

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Merchandise Order Form

Sold To: Name: _____ Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone Number: _____ Cell Phone: _____	Ship To: (fill out only if different than Sold To.) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone Number: _____ Cell Phone: _____
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Quantity	Size	Article	Price	Total	Shipping
		AWR Jacket	\$65.00 ** XL \$80.00	\$	\$
		AWR Polar Fleece Jacket	\$65.00 **	\$	\$
		AWR Polo Shirt	\$30.00 * XL 35.00	\$	\$
		AWR Saddle Pad GP (white, blue)	\$ 65.00 **	\$	\$
		AWR Cap	\$ 15.00	\$	\$
		AWR Bumper Sticker	\$ 1.00 *	\$	\$
				\$	\$
Merchandise Total				\$	
SHIPPING (per item) *\$10 US; \$15 CAN; \$25 Other Countries **\$15 US; \$25 CAN; \$35 Other Countries				Shipping Total	\$
TOTAL PAYMENT				\$	

~ We Ship Via Priority Mail ~

ALL PRICES ARE IN US DOLLARS

CANADIAN ORDERS MUST BE PAID BY CREDIT CARD

Payment method: _____ check (enclosed) _____ money order (enclosed) _____ VISA _____ M/C
(circle one)

Credit Card Number: _____

Expiration Date: _____ / _____ 3-digit security code: _____

Name as it appears on card (please print clearly): _____

Signature: _____