# ORDER FORM

Number: GW Date:

When paying by check, please fill in this order form with your information and mail it with your check payable to:

GALLOPING WINDS PHOTOGRAPHY
196 Pine Ave
Clarence, IA 52216

| OFFICE USE ONLY | |
|---|---|
| Ordered Date : | |
| Delivery Date : | |

| | |
|---|---|
| First Name: | |
| Last Name: | |
| Address: | |
| City: | State / Zip: |
| Shipping / Pickup Address: | |
| City: | State / Zip: |
| Phone #: | Email Address: |
| Check #: | Amount: |

| Event, Location & Date | Picture # | Size | Quantity | Price | Extended Price |
|---|---|---|---|---|---|
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| | | | | SUBTOTAL | |
| | | | | TAX 7% | |
| | | | | SHIPPING | |
| | | | | TOTAL DUE | |

Should you have any questions, please contact Belinda Jones at 319-361-0441