

# *Ann Michaels Collectibles*

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**ORDER FORM** Fax Transmission 2004/ Credit Card & Mail Order

**Name** (as it appears on credit card)

**Billing/Shipping  
Address**

*Please note: We can only ship to the address your credit card company has on file for your account.*

**Daytime phone #** \_\_\_\_\_

**Evening phone #** \_\_\_\_\_

**E mail** \_\_\_\_\_

**Description of Item** \_\_\_\_\_

**Price** \_\_\_\_\_ For delivery in NYS add sales tax \_\_\_\_\_

Shipping/Insurance (call for quote) \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**Method of Payment:** Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

**VISA** \_\_\_\_\_

**MasterCard** \_\_\_\_\_

Check/Money Order: please mail to above address

**SIGNATURE** \_\_\_\_\_

**SEE STORE POLICIES FOR RETURN, SALE and LAYAWAY INFORMATION  
THANK YOU FOR YOUR BUSINESS!**