

# ORDER FORM

Submitted by \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Item Description	SIZE (If Applicable)	Unit Price	Quantity	Total Item Amount

ABOVE TOTAL	_____
SHIPPING	_____
GRAND TOTAL	_____

\*\*\* Please add \$16 for shipping\*\*\*

Mail completed order forms along with check to PO Box 31, Newfane, NY 14108 or email at [nycoastore@icloud.com](mailto:nycoastore@icloud.com) to pay by credit card.