ORDER FORM

A Day's Work, LLC, 2320 NE 8th Road, Ocala, FL 34470 (phone 352-861-0510 -- FAX 352-861-7445)

ORDER DATE:_____PHONE:_____
NAME OF PERSON ORDERING:_____
ADDRESS:_____
CITY:_____STATE:_____ZIP:_____
ORGANIZATION NAME (if applicable):_____
SHIPPING ADDRESS (if different):_____
CITY:_____STATE:_____ZIP:_____
FAX:_____E-MAIL:_____P.O. #(if applicable):_____

QUANTITY ORDERED	ITEM #	PRODUCT	UNIT PRICE	TOTAL PRICE
		PRODUCT TOTAL		
		Florida residents add 6% sales tax or proof of Tax Exemption		
		Product total $.01 to $39.99 add 22% Shipping and Handling		
		Product total $40.00 to $74.99 add 18% Shipping and Handling		
		Product total $75.00 to $99.99 add 15% Shipping and Handling		
		Product total $100 to $199.99 add 12% Shipping and Handling		
		Product total $200 and over add 10% Shipping and Handling		
		TOTAL DUE		

Make check or Money Order payable for Total Due to: **A Day's Work, LLC**

Please provide the following information to pay by VISA or MasterCard

Print name as it appears on card:_____

Circle Card Type: VISA MasterCard

Address to which credit card statement is mailed

Street:_____
City:_____State:_____Zip:_____
Credit Card Number:_____ Expiration Date (on front of card):_____
CVV Code (last three numbers in signature box on back of card):_____
Your Signature: