

## Offline Order Form

Please print this order form, fill in the information and submit your order along with your payment. Thank you!

**SHIPPING** - Where you are sending the order.

Name:

Address:

City:

State:

Zip:

Phone:

**PAYMENT** - The person paying for the order.

Name:

Address:

City:

State:

Zip:

Phone:

Email:

*\*Please provide us with your phone and/or email so we may contact you with any questions regarding your order.*

Name on credit card:

Credit Card Number:

Type of Card (Visa, Master Card, Amex or Discover):

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ORDER FORM

Item No.	Qty.	Product name, description	Unit Price	Total

*\*Please use a separate sheet for additional items.*

Comments / Other:

**Sub-Total**

**CA Sales Tax**

California Residents @ 8.25%

Marin County Residents @ 9.00%

**Shipping Charge**

(See [www.officeplayground.com](http://www.officeplayground.com) for rates)

**ORDER TOTAL**

Signature:

I authorize Office Playground to ship and collect payment for the products ordered above.

\*If you pay by credit card, we cannot ship your order without your signature.

**Submit via fax:** 415-883-6344

**Submit via mail:** Office Playground, Inc. 83 Hamilton Dr Ste 100, Novato, CA 94949