



Off-line Order Form

Please print this order form, fill in the information and submit your order along with your payment. We will respond within 24 hours of receiving your order. Thank you!

SHIPPING - Where you are sending the order.

Name:

Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____

BILLING - 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: ____/____/____ **Security Code:** _____

ORDER FORM

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

Please use a separate sheet for additional items.

Comments and Special Instructions:	Sub-Total	
	California Sales Tax* California: 7.25% Marin County: 8.00% Novato, CA: 8.50% <small>*California Sales Tax is due if the shipping address is in California</small>	
	Shipping Charge (See www.OfficePlayground.com or call 800-458-1948 for rates)	
	ORDER TOTAL	

Signature: (If you pay by credit card, we cannot ship your order without your signature.)

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

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

Submit via fax: 415-883-6344 | **Submit via Email:** service@officeplayground.com