

Doug Shealey Stadium Art, LLC

Order Form

| Item Description | Price | Quantity | Total |
|--------------------------------------|----------------------------|-----------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Subtotal | | | |
| Shipping & Handling | | | 10.00 |
| SC Residents add 7% Sales Tax | | | |
| Total | | | |
| | Billing Information | Shipping Information | |
| Name | | | |
| Address | | | |
| City | | | |
| State/Province | | | |
| Zip Code | | | |
| Country | | | |
| Phone | | | |
| E-mail | | | |

Payment Method: Check Money Order
 Master Card Card Number _____
 Visa Exp. Date ____/____ V-Code _____
 Discover Name on Card (Print) _____
 American Express Signature _____

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