

Sharkee, Inc.

Mail Order Form
Complete and mail to:
Sharkee, Inc.
PO Box 1417
Eldersburg, MD 21784

Please Print Clearly

Billing Information

Mr. Mrs. Ms. Miss _____

Company Name (For school owners) _____

Street _____

Apartment, Suite, or Unit# _____

City _____ State _____ Zip _____

Phone Number _____

Shipping Information (only if different from billing address above)

Street _____

Apartment, Suite, or Unit # _____

City _____ State _____ Zip _____

Quantity	Item#	Description	Unit Price	Total

Method of Payment:

Check Credit Card Money Order
Card Type: Visa MasterCard American Express Discover/Novus

Expiration Date: ____/____/____

Card Number ____-____-____-____

CVV ____ Amex CVV 4 Digits ____

Cardholder's Signature _____

Subtotal	_____
MD Residents add 5% sales tax	_____
Shipping	_____
Total	_____

Shipping

Sale Amount	Shipping
\$1-\$29.99	\$5.00
\$30-59.99	\$6.50
\$60-89.99	\$7.50
\$90-119.99	\$12.95
\$120-199.99	\$14.95
\$200-399.99	\$16.95
\$400-999.99	\$18.95
\$Over \$1000.00	No Charge