

Reflections of South Dakota Order Form

Contact Information:

Name: _____
 Primary Phone: _____
 Fax: _____

Date: _____
 Secondary Phone: _____
 Email: _____

Billing/Shipping Information:

Bill To
 Name: _____
 Address: _____
 City, State, Zip: _____

 Credit Card #: _____
 Type of Card: _____
 3-Digit CCV: _____

Ship To
 Same as Billing

 Name: _____
 Address: _____
 City, State, Zip: _____

***Is this a Residence?:** Yes No

Signature: _____

Order:

Item Description/Name	Item #	Quantity	Price	Total Price
Total:				

* Before charging your credit card, our sales staff will call you with the total for shipping, insurance, and UPS charges.

Mail Your Completed Order Form to:

Reflections of South Dakota
 507 6th Street
 Rapid City, SD 57701

*Reflections Art Gallery requires payment at time of purchase. We accept checks, Visa, MasterCard, American Express, and Discover. Shipping charges and sales tax (SD Residents) are additional and will be added to your total order. By signing this form, you give Reflections Art Gallery permission to charge your credit card. Unsigned orders ARE SUBJECT TO DELAY.