L.A.N.A. ORDER FORM

LIPIZZAN ASSOCIATION OF NORTH AMERICA
P.O. Box 426
Valley City, Ohio 44280
FAX: 330 867-3601
e-mail: LipizzanStore@aol.com

BILLING ADDRESS:

Name:_____
Address:_____
_____
City/State/Zip:_____
Phone Number:_____
Email Address:_____

SHIPPING ADDRESS :

☐ check here if same as Billing Address

Name:_____
Address:_____
_____
City/State/Zip:_____
Special Instructions:

	Description	Price Each	Quantity	Total Price

For Order Totals: **S&H**

less than $20.00	$6.00
less than $60.00	$8.00
less than $80.00	$9.00
over $80.00	$10.00

E-mail for Shipping outside USA

Order Subtotal _____
Ohio Residents 6% Sales Tax_____
Shipping _____
TOTAL _____

METHOD OF PAYMENT:

☐ Cash ☐ Money Order

☐ Check [Payable to **L.A.N.A.** or **Lipizzan Association of N. America**]

☐ Charge to my ☐ VISA ☐ MASTERCARD ☐ DISCOVER

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Expiration Date:____/200__

3 digit code from back signature panel __ __ __

Authorized Signature:_____