NOC BAY TRADING COMPANY

ORDER FORM

P.O. Box 295	ADING COMPANI			ORDER FORM
Escanaba, MI 49829		Date	20	☐ New address?
For information: 906-789	Name			
24 Hour FAX: 906-789-5 Phone order toll-free: 1- E-mail: sales@nocbay		Street Address (Ship (For UPS)		curate street address is required)
	n to the above phones weekdays	P.O. Box (Mailing as	ddress)	
9:00 a.m. to 5:00 p.m., Eastern Time Zone.		City		State
IN CASE WE WERE No Substitute	OT IN STOCK SHOULD WE Credit	Home Phone)-	Zip
Back Order	Refund	Work Phone(1.	
☐ Yes. Please send me a free copy of Learning Circle #38B		E-mail	d 60	
Help rie by being erre	your shinning address is accurate	FORWAY.		

11.00	NUMBER	QTY.	En. dot. ye. etc. etc.	ITEM	TYPE, COLOR, SIZE, Etc.	UNIT	TOTAL
	Sample 1001 , 11026	2	Hk	Opaque seed beads	#11 White	2.95	5.90
	49						
	.40						
1	20	-					
-	+						
1	21	-					
	*	-		_		-	
1	2)	-					
+	*0	-					
+	20	-					
+							
+	\$5 5						
+	¥1	-			-	-	
	\$8.						

Shipping: We ship all orders valued over \$25 to anywhere in the continental United States area by UPS ground or USPS Priority unless you specify otherwise. Please give us a complete and accurate street address even if you get mail at a box number. Orders to institutions must have street address.

Shipping and handling costs: All costs are as noted except for special requests such as 2nd day and overnight delivery.

For continental U.S.A. for orders as noted above: Up to \$25.00 add \$5.95 for U.S. Mail shipping. All orders of \$25.00 to \$150.00 add \$10.95. All pre-paid retail orders of over \$150.00 shipped free.

For Alaska, Hawaii, or International orders shipped at cost.

Call or e-mail for estimate.

SATISFACTION GUARANTEED: We guarantee no hassle when you need to return items within 15 days. If it's not right for your project, call us and we will make it right or refund your money. Your return shipping will also be refunded if it was our error.

(Only Michigan residents must pay the Michigan Sales tax.) Merchandise Total
Michigan Sales Tax 6%
Shipping Charges
Credit or Amount Due
TOTAL AMOUNT ENCLOSED

ļ	Ve	accept	DISCOVER.	VISA, AM.	EXP. &	MASTERCARD









Card #	
Exp. Date	CVV # (Found on back of card)
Signature	+ CR2780 A4 / IC 90/104 / 2410000
Billing Address_	