



## THE BEADED BRANCH ORDER FORM

ORDER NUMBER PROVIDED BY The Beaded Branch:			
Bill to:		Ship to: <input type="checkbox"/> (check here if same as "Bill to:")	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
ADDRESS (cont):		ADDRESS (cont):	
CITY:		CITY:	
STATE:		STATE:	
ZIP CODE:		ZIP CODE:	
PHONE:		PHONE:	
FAX:		FAX:	
E-MAIL:		E-MAIL:	

ITEM NO.	DESCRIPTION	TOTAL

SUBTOTAL	VA RESIDENTS ADD 5 % SALES TAX	TOTAL