QUARTER HORSE OUTFITTERS

AQHA Member ID_____ **Date** _____

Customer Name:_____

***Email Address**:_____

Billing Address: _____

_____

_____

Daytime Phone: _____

ITEM #	ITEM DESCRIPTION	QTY	PRICE

ALL ORDERS MUST BE PAID FOR IN FULL BEFORE BEING SHIPPED. DUTIES AND TAXES WILL BE THE RESPONSIBILITY OF THE RECIPIENT.	**SUB TOTAL**
	SHIPPING CHARGES
	SALES TAX 8.25% (TX Only)
	TOTAL DUE

Method of Payment: ☐Visa ☐Discover ☐Master Card ☐American Express

CARD#_____EXPDATE:_____

Name of Cardholder_____Phone#_____

Shipping Address of Cardholder

_____

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