



Order Form

Date _____

Mailing Address

Company _____
 Address _____
 City _____
 State/Province _____
 Zip/Postal Code _____
 Phone Number _____
 Fax Number _____
 Contact Name _____
 Country _____

Shipping Address (If Different)

Company _____
 Address _____
 City _____
 State/Province _____
 Zip/Postal Code _____
 Phone Number _____
 Fax Number _____
 Contact Name _____
 Country _____

Stock #	Description	Comments	Quantity	Hide/Sqft

Orders will not be billed until they are ready for shipping

Print and Fill out Form, return to us via
 Fax at (800) 255-6160 or by Mail at
 The Hide House
 595 Monroe St
 Napa, Ca 94559

Visa MC AmEx COD Terms

Card Number _____

Expiration Date _____ Security Code _____