CHANDELIERPARTS.COM

Order Form

Name: _____ *Date:* _____

Company Name: _____ *Phone:* _____

Billing Address: _____ *Fax:* _____

City: _____ *State:* _____ *Zip:* _____ *Email:* _____

Shipping Address: _____ ☐ *Check if same as billing*

City: _____ *State:* _____ *Zip:* _____

Item #	Color/Style	Description	Quantity	Price	Total

Fax completed order form to:
218-736-7474
Or Mail to:
Chandelier Parts
417 W. Stanton Ave
Fergus Falls, MN 56537

Merch. Total:	*Shipping Amount:*	*Merch. Total:*	*Shipping Amount:*
0 - 49.99	7.85	300 - 399.99	34.90
50 - 74.99	7.95	400 - 499.99	39.95
75 - 99.99	10.95	500 - 599.99	48.95
100 - 149.99	15.95	600 - 749.99	58.95
150 - 199.99	21.95	750 - 999.99	69.95
200 - 249.99	26.95	1000 - 2000	79.95
250 - 299.99	31.95	2000.01 - 10000	89.95

Merchandise Total:	
Shipping:	
Your Total:	

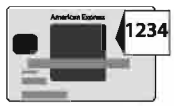
Payment Method: ☐ *Enclosed check or money order payable to Kiefers.com*
(I understand that my order will not ship until Kiefers.com recieves the check/ money order, and only if the check clears.)

OR

Please charge my: ☐ *MasterCard* ☐ *VISA*
☐ *American Express* ☐ *Discover*

Credit Card Number:

CVV Code
Card Verification Value



American Express Cards

Visa, Mastercard and Discover Cards

Name as it appears on card: _____ *Exp.* _____

Signature: _____ *Card Code:* _____

(For your security Last Three Digits on the backside of card for Visa, MC, & Discover. Four digits on front side of American Express.)