ORDER FORM updated 07-18-2014

www.luminanti.com
Complete &
FAX, EMAIL or MAIL

FAX
919-563-1522

EMAIL
order@luminanti.com

Customer Service
919-563-1600

MAIL
Make MONEY ORDER in **US $** Payable to:
Anne Christine Tooley
Luminanti Inc.
www.luminanti.com
4402 Bradford Ridge Rd.
Efland, NC 27243
NO PERSONAL CHECKS

NO PERSONAL CHECKS ~~~ CREDIT/DEBIT CARD or US $ MONEY ORDER ONLY

Please review your order carefully before submitting. **Once your order is submitted, it CANNOT be changed.**
If an order with CUSTOM tuning forks is cancelled, you will be charged for the cost of the CUSTOM forks.

BILL TO (address where your credit card statement is sent)	**SHIP TO**
ALL INFO BELOW IS REQUIRED Name: Business Name: Address Line 1: Address Line 2: City: State/Province: Zip Code: Country: Daytime Phone: Evening Phone (optional): Email:	Residential Address ___ Yes ___ No ___ Same as BILL TO Name: Business Name: Address Line 1: Address Line 2: City: State/Province: Zip Code: Country: Daytime Phone: Evening Phone (optional): Email:

Quantity	Description	Unit Price	Total
		Merchandise TOTAL	
		Promotional Discount	-
		SUBTOTAL	
		SHIPPING/INSURANCE	See below

We calculate the following:

- Shipping/Insurance (S/I): For USA and Canada orders, we ship Priority Mail or UPS Ground, whichever is less. **If you want EXPRESS SHIPPING (extra charge),** please note **3-day, 2-day or Next Day** with your order. To all other countries, we ship Priority Mail Express International (PMEI).
- NC Sales Tax of 7.50% is calculated for NC residents who purchase the Golden 'C' Water.

PAYMENT INFORMATION - Please PRINT Clearly BLACK INK

____ **CREDIT Card** ***or*** ____ **DEBIT Card**
____ **Visa** ____ **Mastercard** ____ **Discover** ____ **American Express**
____ **Diners Club** ____ BC ____ **JCB** ____ **DinaCard** ____ **UnionPay**
OR
____ **US DOLLAR MONEY ORDER** Enclosed
Make payable to: **Anne Christine Tooley** – Mail to address at top of this form.

Card Number _____Expiry (mm/yy) ____ / ____ 3-digit **or** 4-digit **Code** _____
Name on Card _____
SIGNATURE _____Today's Date_____
EMAIL (required) **Where we send your RECEIPT** _____
CREDIT CARD BILLING INFORMATION _____ Same as **BILL TO** ***or*** _____ **OTHER** (complete below)
Address _____City _____ State ____ Zip Code _____ Country _____