ORDER FORM updated 02-28-2018

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

FAX
919-563-1522

EMAIL
order@luminanti.com

Customer Service
919-563-1600 & **www.luminanti.com**

MAIL
NO PERSONAL CHECKS
Make MONEY ORDER in **US $** Payable to:

Anne Christine Tooley
Luminanti Inc.
4402 Bradford Ridge Rd.
Efland, NC 27243

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)

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:

SHIP TO

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	
		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 International (PMI) or if requested, Priority Mail **EXPRESS** International (PMEI).
- NC Sales Tax of 7.50% is calculated ONLY 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
____ **MONEY ORDER** (USA customers only)
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 _____