

# Statewide Sewing – Order Form

[Lynne@StatewideSewing.com](mailto:Lynne@StatewideSewing.com)

## Shipping Address

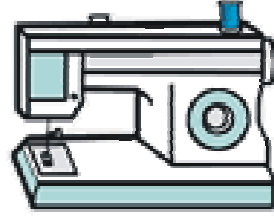
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_



Quantity	Product	Price	Total Price
<b>Subtotal</b>			
<b>Sales Tax</b> (5.5% for Wisconsin residents only)			
<b>TOTAL</b>			

Please mail this completed order form and full payment via money order to:  
**Statewide Sewing, P.O. Box 284, Phillips, WI 54555**