New Sweden Center—Product Order Form

Send order to: New Sweden Center
PO Box 12001
Wilmington, DE 19850

Date: _____

Ship to: (please print)

Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ E-mail Address: _____

City: _____

State: _____ Zip: _____

Quantity	Item #	Description/Title	Size	Unit Cost	Total

Payment (Payable to "New Sweden Center")

____ Check

____ Visa # _____ Exp. Date: _____

_____ Other Charge Type: _____ # : _____ Exp. Date: _____

Signature: _____ Date: _____

9/2011

Please allow 2 to 3 weeks for delivery.