PO Box 2543
Corvallis, OR 97339
(541) 760-3511

Order Form

Ship To

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____

Item		QTY	Price	TOTAL
			SubTotal	
			Ship	
			No Tax	
			TOTAL	
			BAL DUE	

Payment Details

Check / Money Order ___
Credit Card # _____
Expiration Date:_____/_____

Visa/ MC/ Amex/ Discover

Thank you for your business!
Beadsphere keeps your information safe, secure, and private.

For Assistance, please visit us online at www.beadsphere.com