

After completing this form, please mail or fax to:



Messianic Judaica



1212 N. St. Francis, Wichita, KS 67214

Fax & Phone 316-267-1999

BILLING INFORMATION

Enclosed is a check made out to:
MESSIANIC JUDAICA

Please charge my: Mastercard Visa
3-Digit Code: _____

Credit Card #: _____ Exp. Date: _____

Name on credit card: _____ Signature: _____

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone # _____ Evening Phone # _____

Fax # _____ E-mail: _____

SHIP TO INFORMATION: (If different from address above.)

Name: _____

Address: _____

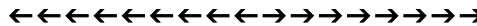
City: _____ State: _____ Zip: _____

ORDER INFORMATION:

Item Number	Description	Quantity:	Price	Total Price
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____
_____	_____	_____	X _____ =	_____

Shipping within the USA:
Items are shipped U.S. Priority

- Orders up to \$49.99 add \$5.00
- \$50.00 to \$99.99 add \$10.00
- \$100.00 to \$149.99 add \$15.00
- \$150.00 to 199.99 add \$20.00
- \$200.00 and up add \$25.00



Subtotal: _____

Total Shipping: _____

(Kansas residents please add 7.3% sales tax) Total Tax: _____

Total Due: _____