ORDER FORM

#

NewPage Productions INCORPORATED

BILLING INFORMATION:

Name _____

Address _____

City _____ State ____ Zip ____

Phone _____

SHIPPING INFORMATION:

☐ Same as billing information.

Name _____

Address _____

City _____ State ____ Zip ____

Phone _____

QTY.	PRODUCT DESCRIPTION	PRICE	TOTAL
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

Sub Total	$
Sales Tax	$
Shipping & Handling	$
Grand Total	$

Method of Payment Please Fill Out Completely & Sign (If Using Credit Card).

NOTE: All prices are subject to change without notice. All orders are shipped 3-day Priority Mail or UPS Ground unless other arrangements are made. Add 6.75% sales tax Illinois only.

☐ Mastercard® ☐ Money Order ☐ Check

☐ Visa® ☐ American Express® ☐ Discover®

Card Number _____ Expiration Date Month Year

Cardholder Signature (if paying by credit card) _____ Date

☐ **Sales Tax, Shipping & Handling**

Unsure about shipping and sales tax (Illinois residents only – 8.25% non-food items, 1.75% food items)? Check the box and allow us calculate for you. We will always choose the fastest and most economical method possible.

☐ **Check this box if you would like for us to call with the total.**

1. **CALL** and place your order: **1.888.468.5800** ***OR***
2. **PRINT** this form and FAX: **1.630.355.7746** ***OR***
3. **MAIL** this form:

NewPage Productions, Inc.
1910 S. Highland Avenue
Suite 250
Lombard, IL 60148

www.feelgoodfood.com

Customer service:
1.630.355.7746
deborah@feelgoodfood.com
www.feelgoodfood.com
Fax: **1.630.355.7926**