ORDER FORM

Fax This Order Form To:
(678) 889-4433

Date: _____ **Required Shipping Date:** _____ **New Account** **Existing Account**

Bill to: (Credit Card Billing Address)

Attention	
Company Name	
Address	
City State Zip	
Phone ( ) -	Fax ( ) -

Ship To: (If Different From Bill To)

Attention	
Company Name	
Address	
City State Zip	
Phone ( ) -	Fax ( ) -

Code No.	Description	Unit	Unit Price	QTY	Amount (US$)

Freight (Estimated)
Domestic Shipping (Est.): 12% of Total Sales
International Shipping: Please Contact Us

Sub Total _____
(Minimum US$100)
Estimated Shipping _____
Total Amount _____

Payment

By Credit Card
Visa MasterCard American Express

Card Number _____
Expiration Date _____ Security Code _____
Card Holder Name (Print) _____
Card Holder Signature _____

By Check
Make Check Payable & Mail To:

Star International Import & Export Inc.
5256 Bellewood Ct., #100
Buford, GA 30518
The United State Of America

Any questions, please contact us toll free at 1 (877) 738-0701.