

Aviary Supply *Mail-In Order Form*

Name _____		
Business Name _____		
Mailing Address _____		
City _____	State _____	Zip _____
Home Phone(_____) _____		
Shipping Address (if diff) _____		
City _____	State _____	Zip _____
Daytime Phone(_____) _____		

QTY	ITEM DESCRIPTION	PRICE EACH	TOTAL

Pre-payment by personal check
(payable to Aviary Supply)
Money Order or Certified Check
accepted. We also accept
Mastercard & Visa.

SUB TOTAL	
IN Res. Add 6% Sales Tax	
Shipping *	
TOTAL AMOUNT	

*Please call for quote on shipping charges.

THANK YOU FOR YOUR BUSINESS!!

Credit Card info:
 Visa _____ MasterCard _____
 Number _____
 Exp date ____/____/____ Zip Code _____
 Name on card _____
 Add on card if different _____
 City _____ Zip Code _____

Mail order to:
 Aviary Supply
 P.O. Box 1769
 Richmond, IN 47375-1769
 765-960-5056
 Fax 765-935-7282