ORDER FORM

Bill To:
Name: _____

Address: _____

City/State: _____ **Zip:** _____

Email: _____

Ship To: (if different)
Name: _____

Address: _____

City/State: _____ **Zip:** _____

Quantity	Item Description	Price	Total
		SubTotal:	
	N.J. Residents Add 7% Tax	Tax:	
		Total:	

Make checks/M.O.'s payable to: Chiller Theatre, Inc.
send to:
Chiller Theatre, Inc.
PO Box 23
Rutherford, NJ 07070

PLEASE ALLOW 2-3 WEEKS DELIVERY!