Northern Pines Wholesale Rugs
Packing Slip

Taxidermy Company Name: _____
Taxidermist Name: _____

Address: _____

City: _____ State: _____
Zip:_____
Phone:_____ Alternate Phone:_____

E-mail: _____

Type of Animal: _____

Name or customer number on animal: _____

Felt Colors: (Inside closest to hide) _____
(Outside color) _____

Ruffled Felt _____ Flat Felt _____ Fabric Binded Edge_____
Leather Binded Edge_____

Order Information
_____
_____
_____

Would you like to receive your confirmations via E-mail or Postal Service

Deposit Enclosed: Check, Visa, or MasterCard

_ _ _ _ - _ _ _ _ - _ _ _ _ -_ _ _ _ EXP _ _ / _ _ 3Digit VCode _ _ _

Signature Authorizing approval to run card:_____

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