

Packing Slip

Taxidermy Company Name: _____
Taxidermist Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
E-mail: _____

Customer Name or your number of animal: _____

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

Ruffled Felt _____ Flat Felt _____ Fabric Binded Edge _____
Leather Binded Edge(extra\$) _____ Leather Back & Binding(extra \$\$) _____

Order Information

____ OPEN MOUTH ____ CLOSED MOUTH ____ RELAXED LIP EARS: _____

IS THIS ITEM PRESTRETCHED? _____

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

Deposit Enclosed: VISA/MASTERCARD/ CHECK

____ - ____ - ____ EXP __/____ 3Digit VCode ____

RUSH SERVICE (EXTRA \$): _____

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