Order Form

PO #: _____

DATE: _____

Kohestan.com

A division of Shoptimes Inc.

P. O. Box 1702, Danville, CA, 94526
Phone 877-546-7467 Fax 925-415-9140
Sales@kohestan.com

SHIPPING ADDRESS

BILLING ADDRESS

QTY	ITEM #	DESCRIPTION	UNIT PRICE	SUB TOTAL
			TOTAL	

Method Of Payment: __ Visa __ MC __ Amex __ Check

Credit Card Number _____ Name on the Card: _____

Expiry Date: _____ email address to send receipts to: _____

CVV _____

Make all checks payable to Shoptimes Inc.

THANK YOU FOR YOUR BUSINESS!