Santa Cruz Association of REALTORS® Inc.

REALTOR®

STORE ORDER FORM

2525 Main St.
Soquel, CA 95073
(Phone) 831-464-2000
(Fax) 831-464-2881

Name_____ Phone_____

Office Name_____ _____ Broker Code_____

Mailing Address_____ Today's Date_____

City_____ Zip_____

Qty.	Item #	Item Description	Price	Total $
			Sub-Total	
			Tax (8%)	
			Total	

I will pick my order up _____

Please UPS my order to me (shipping fees will apply)_____

Payment: MasterCard_____ Visa_____ Amex_____

Credit Card #_____ Expiration_____

Name on Card_____ CID#_____

Billing Address_____ _____ _____
City State Zip Code

Signature_____ _____ _____