

OH SOKOI



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Billing Address:	Name: _____ Address: _____ _____ City: _____ State/Prov: _____ Zip: _____ Phone: Day _____ Evening _____		
Payment Method:	<input type="checkbox"/> Arrange by Phone <input type="checkbox"/> Personal Check <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Account Number: _____ Expires: _____ Name on Card: _____ Signature of Cardholder _____		
Ship By:	<input type="checkbox"/> UPS Ground Residential <input type="checkbox"/> FedEx Overnight <input type="checkbox"/> NextDay AirSaver <input type="checkbox"/> 30-Day Select		
ITEM #	DESCRIPTION	QUANTITY	PRICE