



austen sharp

ORDER FORM

Name: _____ Today's Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-mail: _____

Description	Quantity	Retail Price	Total
<i>PIRATE FEVER!</i>	_____	\$10.95 each	_____

Autograph to: _____

Autograph to: _____

Autograph to: _____

Autograph to: _____

Autograph to: _____

<i>HAUNTED NEWPORT</i>	_____	\$10.95 each	_____
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Autograph to: _____

Autograph to: _____

Autograph to: _____

Autograph to: _____

Autograph to: _____

Shipping and Handling: _____
(Add \$2.00 per book)

State Sales Tax: _____
(RI Residents 7%)

Total: _____

Print this application form and send with check (made payable to *Austen Sharp LLC*) or money order to the address below:

**Austen Sharp LLC
P.O. Box 12
Newport, RI 02840-0001**