

Name of Contact:			
Mailing Address:			
Email:	Phone #		
Type of Event:	Date of Event:		
Venue of Event:	Address		
		·	
Ice Sculpture Description_			
Add'l Order			
	Net Amount		
	% Discount		
	Delivery Fee		
	Total Amount		
	Add NY Sales Tax 8.625%		
	Amount Due		
Make check payable to: A. B.	CARVINGS Inc		
- •			
Charge:			
Billing Address:			
	Exp. Date:	Exp. Date:	
3 Digit CSC #	_ Mo	o/Yr /0000	
Ice Sc	ulpture Pro is committed to excellence.		
	ow many sculptures we can deliver at the same t	time:	
		4: 6 1 :4 500/	
	ase double check all the details above and return able) to hold your Event Date. The remaining Ba		
	e due 30 days prior to the day of the event.	,	
Your Signature	Da	te	