

Order Form

Date of order _____

Ordered by:

Name _____

Address _____

Phone _____

Email _____

Ship to:

Name _____

Address _____

Phone _____

Email _____

Item	quantity	description	price each	total
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Sub total _____

(Rhode Island residents) 7% sales tax _____

Packaging _____

Shipping _____

TOTAL _____

Amount included _____

Balance due _____

Please make checks payable to Ron Rantilla Rowing Systems

Ron Rantilla Rowing Systems

30 Cutler Street #207

Warren, RI 02885