



# SoMi Tileworks

## CATALOG ORDER FORM

**1. Ship To:**

Date:

Name:

Address:

City:  State:  Zip code:

Phone:  Fax:

Email:

**2. Catalogs Ordered:**

**\$4.00 per catalog**

**3. Total:**

Order Total:  \$

Shipping & Handling: \$ 2.25

Sales Tax:  \$  
(MN residents add 7.4%)

**Total Due:**  \$

**4. Method of Payment (please check one):**

- Check / money order enclosed       Visa / MasterCard / American Express / Discover

Credit Card No.:  Exp. Date:  (mm/yyyy)

Signature:

**5. Mail or Fax To:**

Kirsten Walstead  
 4201 2nd Avenue South  
 Minneapolis, MN 55409  
 (612)824-7604  
 fax: (612)821-9113  
[kirsten@somitileworks.com](mailto:kirsten@somitileworks.com)