



# SoMi Tileworks

## ORDER FORM

### 1. Ship To:

Date:

Name:

Address:

City:  State:  Zip code:

Phone:  Fax:

Email:

---

### 2. Tiles Ordered:

Quantity	Type / Size	Background Color	Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

---

### 3. Total:

Order Total: \$

Shipping & Handling:  
(10% of order total, minimum of \$8.50) \$

Sales Tax:  
(MN residents add 7.775%) \$

**Total Due:** \$

---



# SoMi Tileworks

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

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

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

Signature:

- Tiles ordered need hangers on back to hang individually       Tiles ordered are for tile installation

---

## 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)