



Kitty Scratch Post

Club Purr, LLC

PO # _____

Bill To:
Name:

Ship To:
Name:

Address:

Address:

City: State: Zip:

City: State: Zip:

Telephone:

Telephone:

Email Address:

Email Address:

Special Shipping Instructions:

Item#	Quantity	Item Description	Price	Total Price

*Sales Tax (7% Indiana) _____

Payment Method: (Please Circle) MC Visa AMEX Discover

Total Amount Due: _____

Card #: _____ Expiration Date: _____

CID: _____
Three Digit code on the Back

Name as it Appears on the Card: _____

Make Checks Payable to: Club Purr, LLC

Please Sign: _____ Date: _____

Mail Order Form to:
Club Purr, LLC
65600 Maple Road
Lakeville, IN 46536

*Indiana Residents please add 7% Sales Tax