makecoins.com Re-Order Form

Please fill out this form in its entirety. Print it out and fax it back to us at 717-480-4445 "*" DENOTES A REQUIRED FIELD

Incomplete or missing required fields may result in a delay of your order processing.

Customer Information			
Full Name			
Phone Number*	_ Day	_ Evening	Cell
Billing Address*		*□ Same	
Email Address for receipt of payment*			
Email Address for artwork approval*:			
Coin ID*			
Quantity of Coins*			
Notes:			
Credit Card Information			
AMOUNT \$ CREDIT CARD	TYPE: □ Visa		
	□ MasterCard □ American Expres	SS	
Name as it appears on the Credit Card			
Credit card number:	Expiration	n Date:	
CVV2 Code:Last 3 digits on the E card	BACK of the card (Visa / Ma	asterCard) Last 4 digits on FRC	ONT of (AMEX)
By placing this order, you certify that you a and you agree to our terms of service as I			ntml
Signature*:	Date*:_		
Printed Name*:			