

PACKING SLIP

Outback Taxidermy Wholesale Whitetails

Taxidermist Name: _____
Taxidermy Company Name: _____
Address: _____
City: _____ State: _____
Zip: _____
Phone: _____ Alternate Phone: _____
E-mail: _____

Specimen Information

Client's Name: _____ Address: _____
_____ Harvest Location: _____
Harvest Date: _____ Whitetail's Order # _____
Mount Turn: _____ Mount Position: _____ Regular Service: __ Rush Service: __
Ear Position: _____ Mount Only: __ Finish Completely: __

Comments

Deposit Enclosed: Check # _____ Deposit Amount Enclosed \$ _____

Make Checks Payable to: Outback Taxidermy

Visa, MasterCard, American Express or Discover Accepted

____ - ____ - ____ - ____ EXP __ / __ 3 Digit V Code ____

Signature authorizing approval to run card: _____

