

Order Form

Submitted by _____

Phone _____

Email _____

Address _____

City/State/Zip _____

Item #	Name / Address	Phone #	Device (Choose One)		Price	Quantity	Customization	Total	
			<i>iPhone</i>	<i>Samsung Galaxy</i>					
			11 <input type="checkbox"/> 11 Pro <input type="checkbox"/> 11 Pro Max <input type="checkbox"/> X/Xs <input type="checkbox"/> X/Xs Max <input type="checkbox"/> 6/6s/7/8 <input type="checkbox"/> 6+/6s+/7+/8+ <input type="checkbox"/>	S10 <input type="checkbox"/> S10+ <input type="checkbox"/> S9 <input type="checkbox"/> S9+ <input type="checkbox"/> S8 <input type="checkbox"/> S8+ <input type="checkbox"/>					
			11 <input type="checkbox"/> 11 Pro <input type="checkbox"/> 11 Pro Max <input type="checkbox"/> X/Xs <input type="checkbox"/> X/Xs Max <input type="checkbox"/> 6/6s/7/8 <input type="checkbox"/> 6+/6s+/7+/8+ <input type="checkbox"/>	S10 <input type="checkbox"/> S10+ <input type="checkbox"/> S9 <input type="checkbox"/> S9+ <input type="checkbox"/> S8 <input type="checkbox"/> S8+ <input type="checkbox"/>					
			11 <input type="checkbox"/> 11 Pro <input type="checkbox"/> 11 Pro Max <input type="checkbox"/> X/Xs <input type="checkbox"/> X/Xs Max <input type="checkbox"/> 6/6s/7/8 <input type="checkbox"/> 6+/6s+/7+/8+ <input type="checkbox"/>	S10 <input type="checkbox"/> S10+ <input type="checkbox"/> S9 <input type="checkbox"/> S9+ <input type="checkbox"/> S8 <input type="checkbox"/> S8+ <input type="checkbox"/>					
			11 <input type="checkbox"/> 11 Pro <input type="checkbox"/> 11 Pro Max <input type="checkbox"/> X/Xs <input type="checkbox"/> X/Xs Max <input type="checkbox"/> 6/6s/7/8 <input type="checkbox"/> 6+/6s+/7+/8+ <input type="checkbox"/>	S10 <input type="checkbox"/> S10+ <input type="checkbox"/> S9 <input type="checkbox"/> S9+ <input type="checkbox"/> S8 <input type="checkbox"/> S8+ <input type="checkbox"/>					
			11 <input type="checkbox"/> 11 Pro <input type="checkbox"/> 11 Pro Max <input type="checkbox"/> X/Xs <input type="checkbox"/> X/Xs Max <input type="checkbox"/> 6/6s/7/8 <input type="checkbox"/> 6+/6s+/7+/8+ <input type="checkbox"/>	S10 <input type="checkbox"/> S10+ <input type="checkbox"/> S9 <input type="checkbox"/> S9+ <input type="checkbox"/> S8 <input type="checkbox"/> S8+ <input type="checkbox"/>					

Total _____