



**RovahFarm
Order Form**

Fax to: 1-207-796-2187

All information is required to process your order.

Your Name: _____

Address: _____

City/State/Zip: _____

Phone (incl. area code): _____

Email: _____

Item #	Item Name	Quantity

Preferred Shipping: UPS Ground / US Postal Service Priority / Other

Form of payment (circle one): Visa MasterCard American Express Discover

Diners Club Post Office Money Order Cashier's Check

Credit Card # _____

3-digit security code: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____