



CLEARVIEW CRYSTALS

CUSTOM EQUINE ACCESSORIES

ORDER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

<u>PRODUCT</u>	<u>COLORS</u>	<u>BEAD CHOICE</u>
Spurs _____	_____	_____
Stirrups _____	_____	_____
Browband _____	_____	_____
Boots _____	_____	_____
Dog Collar _____	_____	_____
Clothing _____	_____	_____

HARDWARE NEEDED: YES _____ NO _____

If yes, please specify type of hardware needed (and size if necessary):

SHIPPING OR DELIVERY:

SHIP: YES _____ NO _____

Order site/deliver to: _____