☐ Crafter's Choice ☐ Crafter's Choice ☐ Soapmaking Studio **Drop Shipment Custom Order Back Order** (for shipping from Ohio via UPS) (for pickup from Soapmaking Studio) ☐ (for pickup from Soapmaking Studio) ☐ (for mailing from Soapmaking Studio via US Postal Service) ☐ (for shipping from Soapmaking Studio Soapmaking Studio will complete order type and shipping. via UPS) May require \$50 minimum purchase of Crafter's Choice items.¹ All address and contact information must be completed to ensure successful shipment. **Customer Name:** Company: Address: City: _____ ZIP Code: State: **Customer Email:** Customer Telephone: Date of Order: Price: \$ Item 1: This space is only for Soapmaking Studio use. Price: \$ Item 2: Item 3: Price: \$ Price: \$ Item 4: _Price: \$ Item 5: Price: \$ Item 6: Item 7: Price: \$ Item 8: Price: \$ Price: \$ Item 9: Price: \$ _____ Item 10: Subtotal of Items: Sales Tax: Shipping: Total:

Resale certificate submitted? \Box Yes (no sales tax) \Box No (add sales tax)