



Enclose 95¢ for handling of one card plus 50¢\* for handling of each additional card.

Print your name and full address clearly below

NAME:

ADDRESS:





CITY:

STATE:

ZIP CODE:

## ORDER CARD FOR REPLACEMENT CARDS

Please circle the card(s) you need in pencil. Do not forget to specify the card design and back color as well

CARD DESIGN NAME/ITEM #:													
PIP/Index Size (Please circle): Normal - Large													
BACK COLOR:													
	A	2	3	4	5	6	7	8	9	10	J	Q	K
	A	2	3	4	5	6	7	8	9	10	J	Q	K
	A	2	3	4	5	6	7	8	9	10	J	Q	K
	A	2	3	4	5	6	7	8	9	10	J	Q	K

Mail completed form along with any handling fee(s) to:

DA VINCI Playing Cards - Replacement Cards

3000 Northfield Pl. Ste 900

Roswell, GA 30076