

ORDER FORM

Order date:
____ / ____ / ____

C U S T O M E R I N F O R M A T I O N :

Name:	Address:
Phone:	
Email:	

O R D E R D E T A I L S :

PURCHASE AMOUNT	TOTAL

Credit Card Number _____

Exp. Date _____

CVV _____

ZIP Code _____

I AGREE TO THE \$3 FEE <input type="checkbox"/>	
TOTAL	

FOR EVERY \$100 PURCHASED YOU WILL RECEIVE \$25 NO CHARGE
WHEN PURCHASING THE MAX AMOUNT OF \$2000 YOU RECEIVED \$800 FREE

THIS FORM MUST BE RETURNED BY NO LATER THAN JULY 18TH AT 5 PM
THANK YOU FOR YOUR ORDER!