

Customer Information



ph: 760.726.7717
fax: 760.630.0722
e-mail: Sylvieclat@aol.com

Date: ____/____/____

Name: _____
Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

E-mail: _____

Shipping Information

(Check if same as customer address: _____)

Name: _____
Phone: _____
Address: _____
City: _____
State: _____ Zip: _____

Billing Information

Name on card: _____
Card Type: _____
Credit Card
Number: _____
Exp. Date: _____
Billing Zip Code: _____
CVC: _____
(Three or four digit card code)

Order Information:

Quantity	Stock Number	Description	Unit Price	Amount

Please leave this area blank.

Salesperson: _____
Customer Order No: _____
Tax exemption number: _____

Shipping:

Please leave this area blank.

Total: