

SALES ORDER FORM

First & Last Name

Address

City

State

Zip

Email Address

(_____) _____
Cell Phone

(_____) _____
Day Phone

Hostess Name

Date of Sale

Quantity	Catalog Description	Unit Price	Amount

THANK YOU FOR YOUR ORDER!
Your Independent Beauty Consultant is:

Subtotal	
Sales Tax: x _____%	
Balance Due	

Circle one: VISA MASTERCARD DISCOVER AMEX

Card Number: _____ Exp _____

CVV code: _____ Signature: _____

Sales Order Form copy will be given at the time of delivery