

SHIPPING FORM

PLEASE ATTACH THIS FORM WITH THE GIFT BOX ORDER FORM

SHIPPING FROM:

Name: _____

Contact Phone: _____

SHIPPING TO:

Name: _____

Contact Phone: _____

Mailing Address: (NO PO BOX) _____

City: _____ State: _____ Zip Code: _____

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SHIPPING CHARGE: _____ (see chart – no rewards pts. given)

ALL SHIPPING CHARGES & PRODUCTS MUST BE PRE-PAID BEFORE SHIPMENT OCCURS, PLEASE MARK FORM OF PAYMENT BELOW.

CASH COLLECTED: _____

CHECK COLLECTED: _____

CREDIT CARD INFORMATION:

CREDIT CARD #: _____ EXP DATE _____

3 DIGIT SECURITY CODE _____ CARD ZIP CODE _____ DATE CARD PROCESSED: _____

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EMPLOYEE INITIALS & DATE ORDER WAS TAKEN: _____

SHIPPED ON: _____ BY: _____