

Please fill out this form in CAPITAL letter.



Date: _____

Resale #: _____

Company name: _____

Phone number: _____

Email address: _____

Method of payment: _____

Shipping Address: _____

Billing address if different: _____

	Name	Color	Size	Quantity	Price	Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTAL OF PIECES: _____						Total Amount: \$