I Love Bracelets

order form

Store Name: Phone No. Date:

Shipping Address: Unit.:

City: State: Zip Code:

Quantity	Sku #	Item Description	Cost	Item Total

Shipping and handling costs are determined by the shipping destination and package weight.

TOTAL

Payment information:

Card Type: Visa ☐ Mastercard ☐

Card Number: Exp. Date: CSC:

Signature:

Fax this order to 424.258.7222

If this is your 1st order, please include a copy of your resale certificate

See reverse side for promotion details!