



ORDER FORM

ORDER DATE

VENDOR

Name

Company Name

Street Address

City, State, ZIP

Phone

E-mail

SHIP TO

Name

Company Name

Street Address

City, State, ZIP

Phone

E-mail

PAYMENT

TYPE OF CC

TAX ID

CREDIT CARD NUMBER

EXPIRATION

CVV

CARD HOLDERS NAME

ITEM #	DESCRIPTION	QTY	WS COST	MSRP	TOTAL
1001	Deluxe Teeth Whitening Kit		\$82.50	\$165.00	\$0.00
1002	Deluxe Teeth Whitening Pen		\$22.50	\$45.00	\$0.00
				SUBTOTAL	\$0.00
				SHIPPING	
				TOTAL DUE	\$0.00