



Consultant Info Here

SOLD TO**SHIP TO** (if different)**INTERESTED IN:**

Name:		Name		<input type="checkbox"/> Party
Address:		Address		<input type="checkbox"/> Fundraiser
City/ST/Zip:		City/ST/Zip		<input type="checkbox"/> Newsletter
Home Phone:		Home Phone:		<input type="checkbox"/> Part/Full Time
Email:		Instructions?		<input type="checkbox"/> Specials

Item #	Seal #	Qty	Description	Unit Price	Line Total
<input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Cash By _____				Subtotal	
Name on Card			Shipping (10% of Retail – min \$2.75)		
Card Num:		Exp: __/__	Direct Ship <input type="checkbox"/> YES <input type="checkbox"/> NO		Add \$4 if Yes
Make Checks Payable to Consultant				Tax: (%)	
Host:		Party Date:		Order Total	



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