

PRODUCT ORDER FORM

FAX TO 903-291-0847

After selecting the products you wish to purchase, and filling in the information below, please print and fax the Order Form to 903-291-0847 for your security and privacy.

Ordered by: Name						
Email_ You will receive a confirmation of your address you provide above along with the Shipping Address: Address	the product.			will be sent to) the email	
City						
State	Zip_					
Phone	PhoneAlternate/Cell					
Fax						
Product Selection: To purchase the product(s) you w						
Product Name					Total Cost	
TOTAI	L Dollar Purchas	se \$				
□ Charge Authorization: I author	rize the charge of	f \$t	o my credit ca	rd.		
NAME ON CARD: OVISA OMASTERCARD	CARD NUM	BER				
Exp. Date	_					
3 digit "V"# (usually on back of	i card after card	number)				
Card Billing Address						
Signature		Date	te			