FashionScarvesUSA.com 1-516-589-8061 **Order Form**

Company Name: ______________________________ Tax ID: ________________________________

Phone:____ Fax:___________________________________

Model No.	Qty	Model No.	Qty	Model No.	Qty	Model No.	Qty	Model No.	Qty

Billing Information

Name:____

Address:____

City:_________________________ **State:**__________ **Zip:**__________

Phone:____________________________________

Card Type: [ ]VISA / [ ]MC / [ ] DISCOVER / [ ] AMEX

Card #:____

Exp. Date: ________/________ **CVV #:**__________

ShipTo:

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Customer Signature:

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