Simply Savvy Aprons™

Order Form

Bill To ☐ Charged ☐ Refunded ☐ Existing Account ☐ New Account

Contact name | Invoice # | Resale #

Company | Address

Phone | Fax

Email | Website

Ship To | Address

☐ Same as billing ☐ Buyer ☐ Owner

DL # | DOB (mm/dd/yyyy)

VISA ☐ MasterCard ☐ ____-____-____-____ Account # ___/___ Exp. Date

Name as it appears on card | Cancel Date | Order Date | Ship Date

Ordering

Quantity	Item #	Description	Per Cost	Subtotal

Shipping

Total

I/We hereby accept responsibility for invoinces being paid within the stated terms of this purchase. This includes all terms in the ordering information sheet and the bank reference sheet.

Print | Signature | Date

Simply Savvy Aprons

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