JULIA FAILEY

Ship To	Bill To
Name	Name
Company Name	Company Name
Street Address	Street Address
City, ST, ZIP Code	City, ST, ZIP Code
Phone	Phone

Order Date	In Store Date	Customer P.O.	Terms

Quantity	Style Number	Item Description	Price

Payment	COD Visa Mastercard Amex	
Card #		Exp
Name on Card		CVC
Billing address		
City, ST, ZIP Code		
Phone		
Printed Name		
Signature		

Subtotal	
Discount Refer to Order Req.	
Tax IL Residents Only	
Shipping Refer to Table	
Total	

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