SoFine kids

Date

Company or Billing Information

Name:		
Address 1		
Address 2		
City	State	Zip
Phone	Fax	Web

Contact Info

Name	Last Name
Phone	ext
E-mail	

Item Model	Primary Colors	Second. Color	Retail Price	Qty	Total
		Total			

Ship To : Same address as above

1. Attention:		
Company:		
Address 1		
Address 2		
City	State	Zip
Phone	Fax	

Shippiing Options

Fedex Ground	$35 per Item
My Own Shipping Acc	
UPS	
Fedex	
Other	

Payment Info

CC	
Check Include in Original Order	
Other	

Visa / MC/ Amex /Disc
Name on CC
Number
Exp Date
Security #

Signature: _____