

♥♥♥♥♥♥♥♥ **ORDER FORM** ♥♥♥♥♥♥♥♥

Name _____ Date _____
 Address _____ City _____ St _____ Zip _____
 Phone: (daytime) _____ (evening) _____ E-Mail _____
 I would like to be a HOSTESS and earn FREE products! I would like information about the Mary Kay Business.

Quantity	Description	Color	Unit Price	Total

() Cash
 () Check payable to: _____
 () MasterCard / Visa / Discover (circle card type)
 Name on Card _____
 Credit Card # _____ Exp. _____



Sub-Total	
Tax	
TOTAL	

_____ Independent Beauty Consultant Phone Number _____



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