



## Order Form

COMPANY		BILLING ADDRESS	
ORDER DATE			
CONTACT NAME		Сіту	STATE
EMAIL		ZIP CODE	Country
TELEPHONE		FAX	
PAYMENT  VISA  MASTERCARD  DISCOVERY  AMERICAN EXPRESS  CHECK		SHIPPING ADDRESS	
Name on Card		Сіту	STATE
CC No.		ZIP CODE	COUNTRY
Ехр	CCV	PREFERRED METHOD OF CONTACT   EMAIL PHONE	REQUESTED SHIP DATE



Signature \_\_\_\_\_

Terms and Conditions

Your signature authorizes Daily Dose Designs to charge your credit card on your ship date and that you have read and agree to our wholesale terms. If you have any questions please contact Sally, Mary Laura, and Darrell at info@dailydosedesigns.com.

Thank you for your order!

TEL: 850-510-9818

PO BOX 3924 Tallahassee, FL 32315 info@dailydosedesigns.com www.dailydosedesigns.com



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SKU	Name/Description	QTY	Unit Price	Total

Total
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