

**OUTSIDE ORDER FORM (Ship To Hostess)****HOSTESS:**

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

Name				
Address				
City/State/Zip				
Home #:	Cell #:			
Email:				
Interested in free jewelry ___ Yes ___ Later ___ No				
You or friend need extra income ___ Yes ___ Maybe ___ No				
Item #	Sz	Qty	Jewelry Name	Price
<b>Payment</b>	Jewelry Retail Total			
Cash	<input type="checkbox"/>	Amount Due		
Check	<input type="checkbox"/>			
Credit Card # _____				
Exp. Date Mo. ____ Yr. ____ SC: ____				

