

AW24-25 Color Range:  
\$175



DIRECTIONS:  
Fill out all fields as they are all  
required to process your purchase.

# Sales form

DATE OF PURCHASE:

## PERSONAL INFORMATION

First Name and Last Name: .....

Company Name: .....

Phone Number: .....

E-mail: .....

## YOUR ORDER

Price: \$175 x Number of Color Range you want to purchase:

**Amount to be charged:**

## PAYMENT INFORMATION

Credit Card Type:  Amex  Visa  Mastercard

Credit Card Number: .....

Name on Card: .....

Expiration Date: .....

CVV: Visa or MC (3 digits)\_\_\_\_ AMEX (4 digits)\_\_\_\_

NON-TRANSFERABLE • NO REFUND.

**Client Signature**  
*Please type your full name here*

*By typing **your name** in the «Client Signature» space,  
you agree to the terms of this sales form.*

## SHIPPING ADDRESS

Name: .....

Address 1: .....

Address 2: .....

Address 3: .....

City: .....

Zip code: .....