

Customer Name _____
 Address _____
 Zip Code _____ Phone # _____

Email Address: _____

_____ I would Like to be on your Preferred Customer Mailing List

Today's Date _____ Please Sign X _____

__MC __Visa __Discover __AMEX Exp.

QTY.	Sets OR Product Description	Price	Total Amt.
_____	Travel Roll Up Bag (_____ Foundation Shade) FREE BAG...Best Deal		
_____	Ultimate Miracle Set (_____ Foundation Shade) __Normal/Dry __Oily/Combin.		
_____	Miracle Set (_____ Foundation Shade)		
		Sub Total	
		Sales Tax	
Consultant's Name _____ Cons.# _____		TOTAL	

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