

# CDNB Divine Glow Order Sheet

## Order: Product Selection

P #	Amount	Product Name	Category	Description	Price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Billing Address

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Is Shipping Address The Same As Billing Address? \_\_\_\_\_

## Shipping Address

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Credit Card Information

Card Holder: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Credit Card Company: Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ Amex: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_