

♥♥♥♥♥♥♥♥♥♥ **ORDER FORM** ♥♥♥♥♥♥♥♥♥♥

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ E-Mail \_\_\_\_\_  
 I would like to be a HOSTESS and earn FREE products!     I would like information about the Mary Kay Business.

Quantity	Description	Color	Unit Price	Total

( ) Cash  
 ( ) Check payable to: \_\_\_\_\_  
 ( ) MasterCard / Visa / Discover (circle card type)  
 Name on Card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_



Sub-Total	
Tax	
<b>TOTAL</b>	

\_\_\_\_\_ Independent Beauty Consultant    \_\_\_\_\_ Phone Number



Name \_\_\_\_\_ Date \_\_\_\_\_  
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