Order Blank

Name: _____

Email Address: _____

Mailing Address: _____

Home Phone:_____ Work/Cell Phone: _____

Quantity	Description (include formula and/or color)	Regular Price	Sale Price	Total Price
			Subtotal	
			Shipping	5.00
			Total Retail	
			Add 6% sales tax	
			Total Order (enclosed)	

If paying by check, please make payable and mail to:

Elisa Rowland
1702 Lightwood Ct
Niceville, FL 32578

If paying by Visa, MasterCard or Discover:

Card #:_____ **Expiration Date:** _____

Signature: _____