



CUSTOMER ORDER FORM

PLEASE PRINT	
NAME:	E-MAIL:
ADDRESS:	HOME PHONE:
	WORK PHONE:
HOSTESS:	DATE:


I am interested in the following: *(please check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Receiving my newsletter | <input type="checkbox"/> Saving 20%-30% on ALL your orders |
| <input type="checkbox"/> Hosting a Crop'N'Shop | <input type="checkbox"/> Having a Catalog Party |
| <input type="checkbox"/> Attending a Crop/Event | <input type="checkbox"/> Opportunities with Picture Perfect |

Qty.	Item #	Description	Price Each	Total
	Special Order Items*:			

Click below to e-mail order
to your Picture Perfect
Consultant.



I'd like to join your 
team--please tell me more!

Subtotal	\$
Sales Tax _____%	
Shipping*	
Order Total (US)	\$

www.pictureperfectscrapbookco.com

*Special Order Items: Please include name of item, size & color if applicable