

Heaven-Scent Fragrances

ORDER FORM

NAME _____ PHONE () _____

COMPANY _____

STREET _____ APT. No _____

CITY _____ STATE _____ ZIP _____

ORDER DATE { _____ }

- | | |
|-----------|-----------|
| 1. _____ | 17. _____ |
| 2. _____ | 18. _____ |
| 3. _____ | 19. _____ |
| 4. _____ | 20. _____ |
| 5. _____ | 21. _____ |
| 6. _____ | 22. _____ |
| 7. _____ | 23. _____ |
| 8. _____ | 24. _____ |
| 9. _____ | 25. _____ |
| 10. _____ | 26. _____ |
| 11. _____ | 27. _____ |
| 12. _____ | 28. _____ |
| 13. _____ | 29. _____ |
| 14. _____ | 30. _____ |
| 15. _____ | 31. _____ |
| 16. _____ | 32. _____ |

Method of Payment: (check appropriate box)

Check is enclosed --(Account No.) _____ Check Number (_____)

Place an Order and Receive a 1/2oz
Of Our Newest Fragrance... FREE!

<AMERICAN EXPRESS CORP. CARD ONLY>



Card Number | | | | | - | | | | | - | | | | | - | | | | | Expiration Date (_____)

Card Holder's Signature: _____

DO NOT WRITE IN AREA BELOW - OFFICE USE ONLY

SHIP DATES (1)	(2)	(3)	(4)
VALUE :	-----	-----	-----
SHIPPING :	-----	-----	-----
INSURANCE :	-----	-----	-----
HOLD FEE :	-----	-----	-----
MISC. FEE :	-----	-----	-----
REASON >	>	>	>
TOTAL (1)	(2)	(3)	(4)