****** ORDER FORM *******

Name			Date	
Name	City		St	
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
				<u> </u>
				1
() Cash	11	VALUE	Sub-Total	
() Check payable to: () MasterCard / Visa / Discover (circle card type)	MARY	KAY*	Tax	
() MasterCard / Visa / Discover (circle card type) Name on Card	1		TOTAL	
Credit Card #Exp	_	lest 5		and M.
	Independ	dent Beauty Cons	sultant Ph	one Number

Name_				
Address(evening)	City			
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.				
		1	1	
Quantity Description		Color	Unit Price	Total
			Cub T-4 1	+
() Cash	MARY	KΔV°	Sub-Total Tax	+
() Check payable to:	- ''''	···y	TOTAL	
Name on Card	-			1
Credit Card #Exp	Independ	dent Beauty Cons	sultant Ph	one Number
mooperach Beauty Consultant 1 Horie Number				

NameAddress	City		Date St	
Address (evening) (evening)				
□ I would like to be a HOSTESS and earn FREE products! □ I would like information about the Mary Kay Business.				
would like to be a 11031E33 and earn index products! Light would like information about the Mary Kay Business.				
Quantity Description		Color	Unit Price	Total
				+
() Cash		17.13.75	Sub-Total	
() Check payable to:	_ MARY	KAY*	Tax	
() MasterCard / Visa / Discover (circle card type) Name on Card			TOTAL	
Credit Card #Exp	-			
Independent Beauty Consultant Phone Nun				