www.ACCENTSCRUBS.com

MAIL ORDER FORM

Please Print and mail with your payment

BILL TO:

NAME_____
Company _____
Address_____
_____
City_____
State_____**Zip**_____
Country_____
Resident Telephone_____
Business or Cel Telephone_____
E-Mail_____
Fax_____

SHIP TO: **Residence**_____
Commercial_____

NAME_____
Company_____
Address_____
_____
City_____
State_____**Zip**_____
Country_____
Resident Telephone_____
Bus or Cel Telephone_____
E-Mail_____

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Quantity	Item Number & Description	Color	Size	Price(each)	Total
				SubTotal	
				Florida residents add 6% Sales Tax	
				Shipping & Handling Charges	
				Grand Total	

METHOD OF PAYMENT:

___ Check or Money Order enclosed - Please make payable to Accent Scrubs Inc.

Mail to – Accent Scrubs Inc.
10097 Cleary Blvd. PMB #308,
Plantation, FL 33324

___ CREDIT CARD - Please fill in the following information

Name on Credit Card_____
Address that statement is mailed to_____
_____
Credit Card numbers_____-_____-_____-_____ **Expiration Date**_____
Card Code required_____**Signature**_____

(The Card Code is a 3 or 4-digit number on the back of the credit card, on the same line as the signature, following the last four digits of the credit card number-American Express has 4 numbers on the front of the card.

___Commercial Card - Security Code required_____

THANK YOU FOR YOUR ORDER ---------- Satisfaction guaranteed

Accent Scrubs Home Page
http://www.accentscrubs.com/

Questions or Comments
info@accentscrubs.com