

CINDERELLA of Boston

1. SHIPPING ADDRESS

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

E-MAIL ADDRESS: _____

BILLING ADDRESS (IF DIFFERENT FROM SHIPPING)

NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

2. ORDER

ITEM		STYLE NAME	COLOR/MATERIAL	SIZE/WIDTH	PRICE
# 1	1ST CHOICE				
	2ND CHOICE				

ITEM		STYLE NAME	COLOR/MATERIAL	SIZE/WIDTH	PRICE
# 2	1ST CHOICE				
	2ND CHOICE				

ITEM		STYLE NAME	COLOR/MATERIAL	SIZE/WIDTH	PRICE
# 3	1ST CHOICE				
	2ND CHOICE				

3. PAYMENT

CHECK OR MONEY ORDER - AMOUNT \$ _____

CHARGE TO CREDIT CARD BELOW

CHECK ONE: VISA MASTERCARD

ENTER CREDIT CARD NUMBER IN BOXES BELOW:

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LAST 3 DIGITS CVV# (REQUIRED)

EXP. DATE: (MM/YY) _____

SIGNATURE: _____

SUBTOTAL _____

California Residents
Add Applicable Tax

Shipping and
Handling Charges

TOTAL _____

DO NOT WRITE IN THIS AREA

Order Online

WWW.CINDERELLAOFBOSTON.COM

Now there's another easy way to place your catalog order.
Simply visit our website and click on SHOPPING ONLINE.