

# Purchase Order

**Best Wholesale Lingerie**

**Store Name:**

**Phone:**

**Email:**

**Fax:**

**Order By:**

Bill To			Ship To			
Style No	Color	Description	Size	Qty	Price	Ext

MC/Visa/Discover/Amex Card #:	Exp Date:
Last 3 digits of # above your signature (back of card):	
For Amex - 4 digits above A/C# (front of card):	
Credit Card Holder's Name:	
Credit Grantor (ie: Citi Bank, Sears, AT&T):	

I hereby grant consent to process my card for the above mentioned shipment of goods.

Card Holder

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to: 661-291-2456, or mail to: 27475 Westover Way, Valencia, CA 91354.  
New customers in California are required to fax seller's permit (sales & use tax permit) as well.**