♥♥♥♥♥♥♥♥ **ORDER FORM** ♥♥♥♥♥♥♥♥

*Name*____ *Date*______________
*Address*____________________________ *City*______________ *St*____ *Zip*________
*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
			Sub-Total	
			Tax	
			TOTAL	

( ) Cash
( ) Check payable to:____________________
( ) MasterCard / Visa / Discover (circle card type)
Name on Card________________________
Credit Card #__________________Exp.________

MARY KAY®

____
Independent Beauty Consultant *Phone Number*

♥♥

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