

**For Gift Wrapping & Corporations Orders**

Fax order form (615) 676-6074

to:

Mail order form **Attn: Sales Department,**

to:

**Bofacets LLC**  
P.O. Box 2755, Suwanee,  
GA. 30024, U.S.A.



**Ship To Address: (\*Required Fields)**

Company Name:

|                  |  |                   |  |
|------------------|--|-------------------|--|
| *First Name:     |  | *Zip/Postal Code: |  |
| *Last Name:      |  | *Country:         |  |
| *Address:        |  | *Telephone:       |  |
| *City:           |  | Fax Number:       |  |
| *State/Province: |  | E-mail Address:   |  |

**Items To Purchase:**

| Item Number | Item Description | Unit Price USD\$ | Gift Wrap (Option A: \$2.50 per item<br>B: \$3.50<br>C: \$5.50 per item) | Qty | Total \$ |
|-------------|------------------|------------------|--|-----|----------|
|             |                  | \$               | Option   |     | \$       |
|             |                  | \$               | Option   |     | \$       |
|             |                  | \$               | Option   |     | \$       |
|             |                  | \$               | Option   |     | \$       |
|             |                  | \$               | Option   |     | \$       |
|             |                  | \$               | Option   |     | \$       |

**Bill To Address: (\*Required Fields)**

|                  |  |                   |  |
|------------------|--|-------------------|--|
| *First Name:     |  | *Zip/Postal Code: |  |
| *Last Name:      |  | *Country:         |  |
| *Address:        |  | *Telephone:       |  |
| *City:           |  | Fax Number:       |  |
| *State/Province: |  | E-mail Address:   |  |

How would you like to receive your order confirmation:

- Fax       E-mail

**Payment Method:** select one of the payment and check the box

|   |                                   |   |  |   |   |   |    |
|---|-----------------------------------|---|--|---|---|---|----|
| MasterCard:<br><input type="checkbox"/> | Visa:<br><input type="checkbox"/> | Discover<br>Card <input type="checkbox"/> | Diner's<br>Card <input type="checkbox"/>                             | American<br>Express <input type="checkbox"/>                        | Money<br>Order<br>--OR--<br>Cashier's<br>Check:<br><input type="checkbox"/> | <i>Make check payable to<br/><b>Bofacets, LLC</b></i>           |    |
| <b>Name On<br/>Card:</b>                |                                   |   |  |   |   | <b>Subtotal :</b>   | \$ |
| <b>Card<br/>Number:</b>                 |                                   |   |  |   |   | <i>For State of<br/>Georgia Residents<br/>7% Sales Tax (+):</i> |    |
| <b>Exp. Date:</b>                       | <b>mo:</b>                        | <b>yr:</b>                                | <i>THIS AREA<br/>FOR<br/>BOFACETS<br/>USE ONLY</i><br><br>File Name: | <i>THIS AREA FOR<br/>BOFACETS USE<br/>ONLY</i><br><br>Order Number: | <i>THIS AREA<br/>FOR<br/>BOFACETS<br/>USE ONLY</i><br><br>Arrival<br>Date:  | <b>Shipping/Handling<br/>fee (+):</b>                           |    |
| <b>Signature:</b>                       |                                   |   |  |   | <b>Date of<br/>Order</b>  | <i>Coupon /Gift<br/>Certificate Code(-)</i>                     |    |
|   |                                   |   |  |   |   | <b>AMOUNT DUE \$</b><br>(=)                                     |    |