CFN PRODUCT ORDER FORM

Please print this form and mail it along with a money order for the total purchase price.

Name:		
Address:		
City:		

City:
Province/State:
Postal/Zip Code:
Contact Telephone #:

Shipping Address (if different from above):

Simplify in the control of the contr		
Address:		
City:		
Province/State:		
Postal/Zip Code:		

Order Information:

Email:

General Information:

Product Description	Product Size	Quantity	Total Price

Mail Orders To: 10615 Martha St Omaha, NE 68124

Product Subtotal	
7% Sales Tax	
Shipping Cost*	\$15.00
Total	

Make Money Orders Payable To

Body by Binetti

^{*} NOTE: Shipping Cost may increase base on total weight of shipment. In such cases, customers will be contacted prior to delivery of shipment.