



FALL PROGRAM ORDER

shipping window July15-Aug 15



STORE NAME:	EMAIL:
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ADDRESS:
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CITY, STATE, ZIP:	PHONE:	CONTACT NAME:
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SKU	NAME	COLOR	XS	SM	MD	LG	XL	XXL	OS	QTY	PRICE	TOTAL

<b>START SHIP DATE:</b>    <b>NOTE: Each ship date requires a separate order form</b>  <small>By signing this order I authorize Covet Dance to charge my credit card the total amount of this order plus shipping costs.</small>	<b>CC#:</b>	<b>TOTAL:</b>	
	<b>CVC:</b>	<b>EXP:</b>	<b>BILLING ZIP:</b>
	<b>NAME:</b>		
<b>SIGNATURE:</b>		<b>DATE:</b>	