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 Accent Style Group

LINE: \_\_\_\_\_  
 New     Road    Backorder O.K.?  
 Reorder     Show     Yes     No  
 Lip Cards  Yes     No  
 Send Catalog  Yes     No

### ORDER FORM

S Customer \_\_\_\_\_  
 H \_\_\_\_\_  
 I Address \_\_\_\_\_  
 P \_\_\_\_\_  
 T \_\_\_\_\_  
 O Phone (    ) \_\_\_\_\_  
 Email \_\_\_\_\_

B Customer \_\_\_\_\_  
 I \_\_\_\_\_  
 L Address \_\_\_\_\_  
 L \_\_\_\_\_  
 T \_\_\_\_\_  
 O Buyer \_\_\_\_\_  
 Credit Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Date	Desired Delivery Date	Cancel Date	Terms	Salesperson
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SPECIAL INSTRUCTIONS:

QTY	DESCRIPTION	COST EACH	TOTAL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
column total \$			

QTY	DESCRIPTION	COST EACH	TOTAL
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
column total \$			

page total \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

**TOTAL** \_\_\_\_\_