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Sugar 'n Spice

Customer # (phone) _____

Email: _____

Billing To:

Name _____

Address _____

City _____

State & Zip _____

Ship To:

Name _____

Address _____

City _____

State & Zip _____

Qty	Item Number	Description	Unit Price	Total Price

	SUB TOTAL:	
_____ Check	TAX:	
_____ Mastercard	SHIPPING & HANDLING:	
_____ Visa	PREVIOUS CREDIT:	
_____ Discover	TOTAL PAID:	

CARD NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

BILL TO ZIP: _____ V code(last 3#''s on back): _____