



KLASSIC WRAPS', INC. ORDER FORM

SHIP TO DIFFERENT ADDRESS

NAME: _____
 ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP: _____
 DAYTIME TELEPHONE: _____
 EMAIL ADDRESS: _____

NAME: _____
 ADDRESS: _____ APT: _____
 CITY: _____ STATE: _____ ZIP: _____
 DAYTIME TELEPHONE: _____
 EMAIL ADDRESS: _____

Product Number/Code	Combo Set Item	Wrap Item	Head Wrap Item	Sarong Item	Poncho Item	Quantity	1 st Color Choice	Alternative Color Choice	Total

MAIL TO: KLASSIC WRAPS, INC.
 45 Dogwood Court
 Calumet City, IL 60409 -5007

OR CALL: (773) 558-9191
 (708) 417-0412

METHOD OF PAYMENT		TOTAL SALE OF ORDER	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER ACCOUNT NUMBER (ALL DIGITS) <div style="background-color: yellow; width: 200px; height: 15px;"></div> EXPIRATION DATE: <div style="display: flex; gap: 20px;"> <div style="background-color: yellow; width: 40px; height: 15px;"></div> <div style="background-color: yellow; width: 40px; height: 15px;"></div> </div> X SIGNATURE (REQUIRED IF USING CREDIT CARD) _____ CALL-IN DATE _____		DEDUCT COUPON ENCLOSED _____ DEDUCT CREDIT ENCLOSED _____ SHIPPING \$9.99 _____ NET AMOUNT ENCLOSED \$ _____	
<p>ATTENTION CREDIT CARD USERS: Transactions of this type only accepted by calling either phone number shown and speaking with an actual person.</p>			