

COCOA CRAYON

Faxable Order Form

Please fill out all applicable spaces. When complete, fax to: 212.439.6802
Once received, a receipt will be sent to you including tax (if in New York State) and shipping costs.

Your Information:	
Name: _____	Zip/Postal Code: _____
Address: _____	Country: _____
City: _____	Phone: _____
State/Province: _____	E-mail: _____

Payment Information:			
Type of Credit Card:	_____ Visa	_____ Mastercard	_____ American Express
Credit Card Number	_____		
Expiration Date:	_____		

Quantity	Brand	Description	Color	Size	Price	Gift Wrapped

<p>Use this space below to detail shipping addresses and card messages for any items that are gifts.</p>
