

Fax/Mail Order Form

GLOW - WORKS

12602 Venice Blvd., #109
 Los Angeles, CA 90066
 E-mail: frederick@glow-works.com

Fax: (310) 397-1088
 Phone: (310) 980-7901

Your PO Number:

Bill to: _____
 Attn: _____
 Addr1: _____
 Apt/Ste #: _____
 City/St/Zip: _____
 Phone: _____ Fax: _____
 Resale #: _____
 ASI, PPAI or UPIC#: _____

Ship to: _____
 Attn: _____
 Addr1: _____
 Apt/Ste #: _____
 City/St/Zip: _____
 Is ship to address a home? Yes No
 e-mail: _____

Payment Method

- Prepay (mail check with order)
 - COD Certified Funds
 -  Mastercard
 -  VISA
 -  Discover
 -  American Express
 - Other
- (Credit Check Required)

Credit Card Number:

Expiration Date: /

Name on Card: _____
 Card Billing Addr: _____

 Authorizing Signature: _____

Item #	Description	Color	Quantity	Price Ea.	Ext. Cost
Merchandise Total					

Select Shipping Delivery Choice

- Ground 3-Day 2-Day Next Day Next Day AM

Other ship method, specify: _____

Outside the U.S. - determined at time of order
 Air Freight cost is determined by destination and weight,
 or dimensional weight whichever is greater.