♥♥♥♥♥♥♥♥ **ORDER FORM** ♥♥♥♥♥♥♥♥

*Name*____________________ *Date*__________
*Address*____________________ *City*__________ *St*____ *Zip*________
*Phone: (daytime)*__________ *(evening)*__________ *E-Mail*____________________

❒ I would like to be a HOSTESS and earn FREE products! ❒ I would like information about the Mary Kay Business.

Quantity	Description	Color	Unit Price	Total
			Sub-Total	
			Tax	
			TOTAL	

( ) Cash
( ) Check payable to:____________________
( ) MasterCard / Visa / Discover (circle card type)
Name on Card____________________
Credit Card #____________________ Exp.__________

MARY KAY®

____
Independent Beauty Consultant *Phone Number*

♥♥

*Name*____________________ *Date*__________
*Address*____________________ *City*__________ *St*____ *Zip*________
*Phone: (daytime)*__________ *(evening)*__________ *E-Mail*____________________

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