INVOICE

2909 Fallon Drive
Sherman, TX 75090
866-783-3223 - Phone
Fax- 888-828-8873
www.savephace.com

DATE_____

SOLD TO:

SHIP TO:

Phone #
Fax #
E-mail Address:
Web Address:

Quantity	Sku#	Description	Per Unit	Price

Sub Total >	
Special Offer Code>	
Shipping >	
Total >	
Total >	

Payment: (Circle One) MasterCard / Visa / American Express / Discover

Credit Card # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date: ___ / ___

Name on Card: _____

Card Code: _____

Check is enclosed

By Signing below I agree that I have read and accepted the attached ***"Terms and Conditions of Sale".***

_____ _____

Signature Date