



## THE THREE GRACES

# Facsimile Purchase Form

Name of Person Ordering

Today's Date

Name on Credit Card

Credit Card Number

Type of Credit Card (Circle one) - Visa    MasterCard    American Express    Discover

Expiration Date

Security Code

(The last three numbers on back right of card above signature; for American Express the last four digits on the front at the right)

### Shipping Address

Street Address

Street Address

City

State

Country

Zip Code

Telephone Number

### Billing Address (Leave blank if the same as shipping address)

Street Address

Street Address

City

State

Country

Zip Code

### Special Requests, Shipping Needs or Comments

Is this a gift?    Yes    No

Item number(s) to order

Description of item(s)

Price of Item(s)

Shipping Costs (Please ask us for a quote)

Total amount to charge

I authorize *The Three Graces* to charge my credit card the total amount above. I understand that I have three days from receipt of the item(s) to notify *The Three Graces* if not satisfied with the merchandise and agree to return the merchandise promptly in like condition for a full refund less shipping and insurance.

Signature of Credit Card Holder

Date

Please complete this form in full and fax to us at (001)-866-302-9166