RETAIL ORDER FORM

See our entire line of products on the web at www.evie-s.com

Date _____ Date Needed _____

Retailer Information

Name _____ Store Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Payment Information

** First time orders must pay with credit card*

Payment Options ☐ Bill Me (*Net 30 terms*) ☐ Credit Card

Billing Address _____ Resale No. _____

City _____ State _____ Zip _____

Credit Card No. (*only if you're paying by credit card*) _____

Exp Date _____ Signature _____

TO ORDER

By phone: 918-760-6702
By fax: 918-806-6852
E-mail: orders@evie-s.com
Online: evie-s.com/retailers
Mail: PO Box 2113
Broken Arrow, OK
74013-2113

TERMS & CONDITIONS

Orders will be fulfilled in approximately 3-4 days. Cancellations must be made before the product is shipped.

Order Information

CODE	DESIGN NAME	QUANTITY	PRICE EACH	TOTAL

SUBTOTAL	
SHIPPING	$10.00
TOTAL	

Use own shipping number _____
Carrier (*UPS, Fed Ex, etc*) _____

** We can't ship to post office boxes*
** We can't ship outside the U.S.*