COMPANY NAME: _____

COMPANY PHONE NUMBER: _____

BUYER: _____

BUYER CONTACT INFO: _____

ORDER FORM

BILLING INFORMATION	SHIPPING INFORMATION
BILL TO:	SHIP TO:
ADDRESS:	ADDRESS:
CITY, STATE & ZIP:	CITY, STATE & ZIP:
[ ] Check here if shipping address is the same	

SALES PERSON:	SHIP VIA:	PRICES ARE FOB ORLANDO, FL. NET: _____

GROUP	STYLE#	COLOR	XS	S	M	L	XL	SHIP DATE	QTY.	PRICE	TOTAL

Buyer acknowledges and agrees to be bound by the terms and conditions of CorpoBonito LLC.

TOTAL QTY.	TOTAL AMOUNT
	$

BUYER'S NAME (PLEASE PRINT): _____

BUYER'S SIGNATURE: _____

SALES REP NAME (PLEASE PRINT): _____

SALES REP SIGNATURE: _____

CorpoBonito LLC

478 E Altamonte Drive, Suite 108 #802 - Altamonte Springs, FL 32701 U.S.A.

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