NU-SCENTS ORDER FORM

Date:

Shipping Info:							
Company:							
Name: **							
Address: **							
Address:							
City: **		St: **		Zip: **			

Billing Info:							
Company:							
Name: **							
Address: **							
Address:							
City: **		St: **		Zip: **			

Phone: **		Alt. Phone:	
E-mail: **	@	Fax:	

Payment Method (circle one) **	VISA	MC	DISC	AMEX
Credit Card/Debit Card # **	-	-	-	
Expiration Date: **	/	CVS Code: **		

Standard Shipping Method (circle one) **	UPS Ground	USPS Priority Mail	Pickup at Nu-Scents

Speedy Delivery (if applicable)	UPS 3-day Select	UPS 2nd-day Air	UPS 2nd-day Air AM	UPS Next-day Air Saver	UPS Next-day Air	USPS Express Mail

Quantity	Item Description or Item #	Price

Please leave the shipping amount blank. We will determine the correct shipping charges once your order has been packed and weighed. Illinois residents who have not provided us with a valid Certificate of Registration with their Tax ID# and expiration date should add the 6.5% sales tax.

Subtotal:	
Tax: (6.5% for IL residents)	
Shipping:	
Handling:	$5.00

Thank you for ordering from Nu-Scents! We appreciate your business!!

****Required Information**

Grand Total	$