



SHIP TO:
713 E Greenville St. # 181
Anderson, SC 29621
Phone: (864) 685-6325

▪ **Information:**

Contact Name: _____

▪ **Organization / School**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email Address: _____

▪ **Shipping Information (only if different from above)**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

▪ **Order:**

Total Facemasks: _____ Total # of Boxes: _____ PO# _____

Same Color: ☐ New Color: ☐ _____

▪ **Additional Instructions or Comments:**

▪ **Payment Method:**

Check: ☐

Credit Card (3% fee) ☐

Authorized Signature: _____

Title: _____

Name: _____

Date: _____

PLEASE INCLUDE A COPY OF THIS FORM IN EACH BOX

We are reconditioning with precision. We protect with passion