

INVOICE



2909 Fallon Drive
 Sherman, TX 75090
 866-783-3223 - Phone
 Fax- 888-828-8873
www.savephace.com

DATE _____

SOLD TO:

SHIP TO:

Phone #
 Fax #
 E-mail Address:
 Web Address:

Quantity	Sku#	Description	Per Unit	Price

Sub Total >	
Special Offer Code >	
Shipping >	
Total >	
Total >	

Payment: (Circle One) MasterCard / Visa / American Express / Discover
 Credit Card # _____
 Expiration Date: ___ / ___
 Name on Card: _____
 Card Code: _____
 Check is enclosed

By Signing below I agree that I have read and accepted the attached **"Terms and Conditions of Sale"**.

 Signature

 Date