



Name _____

Hostess Name _____

E-mail _____

Consultant Name _____

Contact No. _____

Consultant ID _____

Date of Order _____

Birthday _____

Product Name	Colour	Size	Price	Qty	Total

Orders will take approximately two to three weeks from receipt of ALL payments. Orders can be fast tracked (for an additional fee) please advise your consultant. Colour preference for toys are subject to change depending on availability.

Subtotal _____

Discount _____

Total _____

Amount Received _____

Payment Type Cash Cheque Credit Card

Cheques should be made payable to April Nites.

Credit Card Details

Card Type _____ Card Name _____

Card Number _____ CCV _____

Expiry Date ____ / ____ Signature _____

Thank you for your business
 Please retain as proof of purchase.

please tick this box if you do not wish to receive news or promotions from April Nites

