COLOR ME BEAUTIFUL

Beauty Hour Combined Order Form

This Sheet *Must* Be Submitted Along With An Order Form From Each Buying Guest

SHIPPING INFORMATION:

CONSULTANT NAME: _____

CONSLTANT ID: _____

DAY PHONE: _____

EMAIL ADDRESS: _____

FAX NOTIFICATION

To: CUSTOMER SERVICE
Color Me Beautiful, Inc
Fax No: 800-262-5711
Page _____ of _____
#of Pages *Must* Be Filled in

HOST NAME:[1] _____

STREET ADDRESS: _____

CITY, STATE, ZIP _____

DAY PHONE _____

EMAIL: _____

SHIP-TO NAME [1] _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE _____

EMAIL: _____

***Fill in if you want order shipped to someone other than the Host**

.

[1] Note: This order will be shipped UPS so it can not be mailed to a P.O Box.

HOST/ BUYING GUEST SUMMARY:

HOST	AMOUNT OF FREE PRODUCT**
_____	_____

** Amount of free product Host will be receiving

BUYING GUESTS***	AMOUNT	BUYING GUEST***	AMOUNT
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

***List *all* those purchasing including Host if she is purchasing**

CONSULTANT PAYMENT INFORMATION:

Enter *your* credit card information as you will be charged a $5 Beauty Hour Administrative Fee for processing this faxed/mailed-in Beauty Hour Order as well as a $1 Order Processing Fee. Also, if Customer Service must call you due to incomplete, unreadable or inaccurate information, there will be an additional $3.00 Administrative Fee. Remember, you may *not* call-in this order

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐☐☐ Security Code: ☐☐☐ ☐ 3 digits for Visa, MC, Discover / 4 digits for Amex

Cardholder Name: _____ Credit Card Billing Phone No*_____

Credit Card Billing Address*:_____

Cardholder Signature: _____

**Please supply telephone number and full address (including city, state and zip) of where your credit card company mails your monthly statement (i.e., home address, work address). All above information must be filled in.*

**For International orders, Color Me Beautiful will determine the most cost effective way to ship. Customer may incur additional duties and taxes upon receipt of order.*

If paying by check or money order, make payable to Color Me Beautiful and send to Color Me Beautiful, Inc. 7000 Infantry Ridge Road, Suite#200, Manassas, VA 20109.Attn: Consultant Services.

FOR CMB INTERNAL USE ONLY. *Not* to be filled out by Consultant.

Beauty Hour number: _____ Total amount purchased $ _____