

GUEST ORDER FORM

Host(ess): _____

Date: ____/____/____

Order Number (from Show Summary) _____

Consultant ID _____

I attended this Show. ☐

My favorite item is: ☐

I would like to have a PartyLite Show. ☐

I would like to have Consultant information. ☐



PARTYLITE™

PLEASE PRINT

E-mail Address _____

Name _____ Phone # (____) _____

Address _____ Apt. # _____ City _____ State _____ Zip _____

| ITEM # / COLOR # | DESCRIPTION | QTY | PRICE | AMOUNT |
|------------------|-------------|-----------|-------|--------|
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |
| _____ | _____ | (X) _____ | _____ | _____ |

PAID BY _____

TOTAL ITEMS ☐

Total Guest Purchases ☐

Total Purchase

Shipping & Handling

~ Standard delivery time from
the receipt of your
Order at the PartyLite
Home Office is 2-3 weeks. ~

Add Taxable Shipping and
Handling Charge (see back)

\$ 0.00 - 9.99

\$2.50

\$10.00 - 15.99

\$3.00

\$16.00 - OVER

\$3.50

SUBTOTAL

Add _____ % State Sales Tax

Add Shipping and Handling
Charges for All Other States
(see back)

SUBTOTAL

Change the World™

TOTAL AMOUNT DUE _____



Change the World™

If you choose to round up your Order total,
your change will be donated to the American
Cancer Society.

CREDIT CARD INFORMATION

CARD NUMBER _____

EXPIRATION DATE _____

CARD HOLDER'S ZIP CODE _____



CARDHOLDER'S NAME (PLEASE PRINT) _____

CARDHOLDER'S SIGNATURE _____

IMPORTANT: For charge card purchases, refer to instructions on the back of this form.

You the buyer, may cancel this transaction at any time prior to midnight on the third business day of this transaction. See reverse side for notice of cancellation and explanation of this right.

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Thank You!

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