

\*\* PROOFING NOTE - YOUR FORM WILL BE GLUED ALONG THIS EDGE \*\*

Representative Copy

Customer

Address/Phone Number/E-mail Address

Date/Campaign

PAGE	QTY.	PRODUCT #	PRODUCT DESCRIPTION	SHADE/FRAGRANCE	SIZE/OZ.	PRICE (EACH)	TOTAL PRICE	

PROOF

AVON

SUBTOTAL		
SERVICE CHARGE		75 \$
TOTAL		
LOCAL TAX		
AMOUNT DUE		

Representative's Name/Phone Number/E-mail Address

Ref No: G615104379