

# John A. Conroy

**MAIL THIS ORDER FORM TO THE MAILING ADDRESS OR TO THIS FAX NUMBER:**

- P.O. BOX 17172, BEVERLY HILLS, CA, 90209 FAX: 310-558-8733

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/STE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

QUANTITY	STYLE	DESIGN	SIZE	TOTAL(S)
PAYMENT METHOD: CHECK # _____			SUB-TOTAL _____	
CREDIT CARD #: _____ (MasterCard/VISA ONLY) EXP. DATE _____			SALES TAX _____ (8% CA. RESIDENTS ONLY)	
SIGNATURE _____			SHIPPING: \$4.50 PER ITEM. ADD .50 FOR EACH ADDITIONAL ITEM _____	
INSTRUCTIONS:			TOTAL _____	