SUNTAN SUPPLY®

3800 Lakeside Ave
Cleveland, OH 44114

800-994-8484
216-431-4040

ORDER FORM - Please Fax to 216-431-5430

Salon Name ____________________
Owner/Manager Name ____________________
Customer Number ____________________
Address ____________________
____
City, State, Zip ____________________
Phone ____________________
Email Address ____________________

Item	Description	Quantity	Price	Discount	Amount

TOTAL ________

☐ Credit Card

Visa   Mastercard   Amex   Discover

CC # ____________________
Expiration Date ____________________
CVC Code (last 3 digits) ____________________

☐ Check By Phone ($4.00 Fee)

Routing # ____________________
Account # ____________________
Check # ____________________

☐ C.O.D. ($8.50 Fee)

Customer Signature ____________________ Date ____________

By signing and dating this form, I am authorizing Suntan Supply to charge my credit card, debit my checking account, or charge C.O.D. I also agree to pay all applicable fees associated with this payment.