



Organic Oscar

Organic Oscar®
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www.organicoscar.com

ORDER FORM

Date: _____

Invoice #: _____

Resellers Tax #: _____

Sales Rep: _____

CUSTOMER INFORMATION:

Name of Business _____

Last Name _____ First Name _____

Phone Number _____ Email _____

ORDER INFORMATION:

Quantity	Product	Price
	Organic Oscar® Aloe Vera Shampoo	
	Organic Oscar® Aloe Vera Conditioner	
	Organic Oscar® Oatmeal Shampoo	

Payment Type: Cash <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Check <input type="checkbox"/> Other _____	S/H	\$
	Total	\$
	Paid	\$

PAYMENT & BILLING:

Full Name _____

Card Type (Accept All) _____

Card Number _____

Expiration Date _____ CVV # _____

Billing Address _____

City _____

State _____ Zip Code _____

I authorize Organic Oscar® to charge my credit card for account settlement for the above amount. I also authorize Organic Oscar® to save my credit card in file and allow charges to it for future orders placed with Organic Oscar®.

Print Name _____

Signature _____ Date _____

By typing your name in the signature field above, you agree to all conditions outlined in this form.

Signature: _____

SHIP TO: (If different from Billing Address)

Name _____

Address _____

City _____

State _____ Zip Code _____

Fax To: 858.300.5188
or

For questions or comments about Organic Oscar® and its products, please contact us directly at 855.629.1591 or info@organicoscar.com. You can also visit us on the web at www.OrganicOscar.com.