

PREVIEWS Short Order Form

Use this page to fill in the information on the items you wish to order.
To place your order, e-mail this form to your favorite retailer.

Need a list of every **PREVIEWS** item?
Ask your Shop for the
PREVIEWS Customer Order Form!

First Name _____

Last Name _____

Address #1 _____

Address #2 _____

City _____ State _____ Zip _____

Phone # _____ e-mail _____



Store stamp / information

By checking this box, you indicate you are legally authorized to order items designated as "Adult", you are of legal adult age in your State, and you unconditionally agree to purchase all items you have ordered.

QTY	ITEM #	TITLE/PRODUCT	PG #	PRICE	TOTAL

PAYMENT METHOD: Credit Card Type: _____

Account #: _____ Exp. Date: _____ Cardholder's Name: _____

Check PayPal Other: _____

TOTAL

For Store Use Only: