



LILI BERMUDA

Est. 1928

Fax Order Form

Please fax to 441-293-8810

Date: _____

Billing Address:

Name: _____

Street: _____

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

Phone Number: _____

Shipping Address (if different):

Name: _____

Street: _____

City: _____

Province/State: _____

Postal Code/Zip: _____

Country: _____

Phone Number: _____

Credit Card No. Visa/MC/Amex: _____

Expiration Date: _____

Product Description	Quantities	Unit Cost	Total
1.			
2.			
3.			
4.			
5.			
Sub-Total			
Delivery Cost*			
Total			

*Deliveries

We charge a flat rate for airmail delivery. The cost of shipping varies depending on the total value of your order:

Below \$100: \$15

\$100 to \$200: \$20

\$200 to \$300: \$25

I hereby accept that this order will be charged on my credit card

Signature