

FAX ORDER FORM

Fax #: 1-808-952-6011

1436 Young Street #303

Honolulu, HI 96814

Personal Information

First Name		Last Name		Email
Phone			Fax (optional)	

Payment Information

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> JCB <input type="checkbox"/> Diners Club <input type="checkbox"/> DISCOVER					
Card #			Expiration Date (Month/Year) /		
Name as appear on credit card			Card ID *	Signature	
Billing Address					
City	State	Zip Code	Country		

Ship To

Same as billing information: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please enter ship to information below)					
Name					
Shipping Address					
City	State	Zip Code	Country		

Order Information

Item No.	Description	Color	Size	Quantity	Price Each	Total
Subtotal						
Shipping and Handling*						
Grand Total						

OFFICE USE ONLY

Order Date: _____ Order #: _____

*Card ID: The last 3 digit of security number on the back of Visa, MasterCard, DISCOVER card; The 4 digit of security number on the front of American Express. See page 2 for details.

*Shipping and Handling: Plus 10% of subtotal for United States address; 20% of subtotal for foreign address.

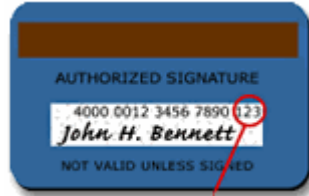
Card ID

American Express



Card ID #

Visa



Card ID #

MasterCard



Card ID #

DISCOVER



Card ID #