AMERICAN JEANS FAX / MAIL IN ORDER FORM – FAX +1 516 706 0017

| QUANTITY | | BRAND | | | | | STYLE | | | | | | COLOR | | | | | WAIST/LENGTH | | | | PRICE | | | |
|---------------------------|-------|---|-----|---|----------------------------|-------|-------|----------|------|----------|------------|------------|---------------------|---------------------------------------|------|------------|------|-------------------|--------------------------------------|-------|-------|-------|-------|----|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLUMPIN I G | 1 ** | | | | | · - | DIOD | | 4 YY | | | | | | arr. | | | | | | 10.13 | ***** | a aa | | |
| | | | | | a PRIORTY MAIL INTERNATION | | | | | | | | | SHIPPING INFO PAGE SHIPPING INFO PAGE | | | | AMERICANIEANS COM | | | | | | | |
| | | NADA via PRIORTY MAIL INTERN. ORLDWIDE via PRIORTY MAIL INTERNA | | | | | | | | | | | | | | | | | MERICANJEANS.COM MERICANJEANS.COM | | | | | | |
| | VV | OKLDW | IDE | | | via i | KIOK | 1 1 101. | AIL | INIL | ANIA | TION | IAL | | SEE | 3111111110 | INIC | TAGE | . ا د | AWILI | ICAN | JEAN | 3.CON | /1 | |
| | | | | | | | 6 | | ND T | | DI | | | A CDY | O | | | | | | | | | | |
| | | , | | | | | 2 | HIP | 'ΡΙ | NG | IN | f Ok | $\langle M \rangle$ | ATI | UN | , | | | | | | | | | |
| FIRST NAM | | | | | | | | | | | LAST NAME: | | | | | | | | | | | | | | |
| PHONE: | | | | | | | | | | | E-MAIL: | | | | | | | | | | | | | | |
| ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY: | | | | | | | | | | | STATE: | | | | | | | | | | | | | | |
| ZIP/POST CO | | | | | | | | | | COUNTRY: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | (| CHA | \ R | GE | INF | OR | MA | ATI(| NC | | | | | | | | | | |
| CREDIT CA | RD TY | YPE: | | V | /ISA | | | | | | | | | | ARD | | | AN | MERI | CAN | EXI | PRES | S | | |
| CARD NUMBER: | | | | | | | | | | | | | | | | XP DA' | | | | / | | | | | |
| | 1 | 1 1 | | | ı | ı | | | | | | | | | | | | | | | | | | | |
| ACCOUNT HOLDERS N | IAME | : | | | | | | | | | | | | | | | | | | | | | | | |
| ISSUING BANK: | | | | | | | | | | | | | NKS ONE | | | | | | | | | | | | |
| BILLING ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | |
| BILLING CI | | | | | | | | | | | | LIN ATE | | | | | | | | | | | | | |
| BILLING ZIP/POST CODE: | | | | | | | | | | | | | LIN UN | lG ГRY | • | | | | | | | | | | |
| I AUTHOR ABOVE I | | | | | | | | СНА | | | | | | | | D FOF | | | | | SE C |)F T | HE | | |
| SIGNATU | RE: X | K | | | | | | | | | | | | | | | Г | ATI | E: | | | | | | |

FAX THIS COMPLETED FORM TO +1 516 706 0017 OR MAIL TO THE ADDRESS BELOW