



Babykins Order Form

PO# _____

For Your Convenience

Date		Phone	
Customer			
Address			
City		Prov/State	
Postal Code/Zip		Country	

Payment:

First name and last name on card					
Visa		Expiry		CVC	
Mastercard		Expiry		CVC	
American Express		Expiry		CVC	

Style#	Size	Description	Colour/Print	Quantity	Price	Total
2 nd Colour/Print Choice _____					Subtotal	
*Shipping Charges by Weight					Shipping	
Applicable taxes on all orders					Total	