

LOLITTA

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DATE		
STORE		STORE FAX NO
STAFF NAME		
STYLE	DESCRIPTION	COST
FREIGHT		
TOTAL		

CUSTOMER NAME				
CUSTOMER ADDRESS				
POSTAL ADDRESS				
TELEPHONE	MBL		WORK	()
EMAIL				
FAX				
CREDIT CARD NO:				EXP
CCV SECURITY				

I, _____ hereby authorise lolitta clothing to process a payment on my credit cards for the goods that I have bought over the phone.

Signed _____

Please fax or email this confirmation asap, so that we can quickly process your order and more importantly send you your new goods