

**Print out this form and mail it to us at:**

**or fax it to: 866-440-0598**

**calls us at: 800-385-6897**

Smith Family Stores, LLC.

5852 Lenmar Court

Holiday, FL 34690

Ship and Charge to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

Payment Method:  Money Order  Check  Visa  MasterCard  Discover  American Express

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVS (Security number on back of card) \_\_\_\_\_ Phone # on back of card: \_\_\_\_\_

Bank or Company Issuing Card: \_\_\_\_\_

Signature (Credit Card Only): \_\_\_\_\_ Date: \_\_\_\_\_

Note: If paying by credit card and the "Ship and Charge to" name and/or address above is different from the information associated with the credit card, you must complete the information below. If the information is the same, please cross through the section below.

Name on Card: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

ITEM #	ITEM NAME	QUANTITY	PRICE PER ITEM	TOTAL

TOTAL: \_\_\_\_\_