Customer Order Form

www.twinkleinthesky.com
P.O. Box 6265
Irvine, CA 92616
orders@twinkleinthesky.com

Date:_____

Item #	Name of Item	Qty	Size	Color(s)	Total
				Subtotal:	
	***CA residents only (add 8.25%)**			**Tax*:**	
				Shipping:	
				TOTAL:	

Payment Method

Money Order ☐ Cashier's Check ☐

Billing Address

Name: _____

Address: _____

City/State/Zip: _____

Phone:_____

Email: _____

Shipping Address (if different from Billing Address)
*WE DO NOT SHIP TO PO BOXES

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____