

Loveivy.com Order Form

Date:

Order Number: Office Use

Name:		Phone Number:	
Email:			

Credit Card Information:(if pay by credit card)

Card type: Visa <input type="checkbox"/> Master <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>					
Card Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date:	/ (mm/yyyy)				
CSC Number:	<input type="text"/>				
Street Address:					
City:		State:		Zip Code:	
Transaction ID:	Office Use		Auth. Code:	Office Use	

Shipping Address: Same as billing address? Yes

(if no or other payment method please fill the following information)

Street Address:					
City:		State:		Zip Code:	

Order Items:

Item Number:	Description	Quantity	Unit Price	Total
Sub Total:				
Shipping Cost:				
Total Amount:				

Gift Message:

Special Instruction:
