

Clothing Order Form

Order By _____

Date _____

Shipping Address**Billing Address**

Street Address _____

Street Address _____

City _____

City _____

State/Province _____

State/Province _____

Zip/Postal Code _____

Zip/Postal Code _____

Country _____

Country _____

Tel _____

Tel _____

Fax _____

Fax _____

Email _____

Email _____

Billing Information

PO# _____

Credit Card # _____

Credit Card Type: ☐ Visa

Name on Card _____

☐ MasterCard

Expiration Date _____

☐ American

(Cash can only be done in a mail in form)

Express

Products

Quantity	Catalog No.	Size	Price (of 1)	Item Total
Total Price				

Are you first time customer?

☐ Yes☐ No

How did you hear about Forever 21? _____

Please allow 4-6 weeks for delivery.

RESET

PRINT