

**GoddessChannel.com Fax Order Form****FAX TO: 1- 831-338-3223****Customer Information**

First Name:	
Last Name:	
Phone # with area code:	
Email:	
Date:	

**Order Information**

Item Name	Quantity

**Payment Information**

Credit Card Type (circle one):	VISA   MASTERCARD
Credit Card #:	
Expiration Date:	
C.V.V. *	

\* (The last 3 digits on the back of your card on the signature strip)

**Address Information**

	Billing Address (**)	Shipping Address (***)
Name: (First & Last)		
Address Line 1:		
Address Line 2:		
City		
State		
Postal Code		
Country		

\*\*( The address on file with your credit card provider)

\*\*\* (If different from Billing Address. Must be on file with your credit card provider)

**Shipping Information (Choose One)**

U.S. Customers: (U.P.S.)	Ground	3 Day	2nd Day	2nd DayAM	Next Day
International Customers:	AirMail Parcel Post (4 to 10 days)			Global Express Mail (3 to 5 days)	