



Brand Ambassador Bulk Order Form

Name: _____

Email: _____

Phone Number: _____

Shipping Address: _____

City: _____

State: _____

Zip Code: _____

Order Details: (See 2nd page for order lines)

• Quantity of .03 CC trays (6MM-15MM): _____

• Quantity of .03 D trays (12MM-15MM): _____

Total Quantity of Trays: _____

Payment Method:

- Full Payment
- Affirm Payment Plan

Order Deadline: 25th of every month

Payment Deadline: End of every month

Shipping Fee: \$0.75 per tray

Processing Fee: 3.3% of total order amount

Bulk Order Quantity Requirement: Must order trays in quantities of 5

By submitting this form, I agree to the order requirements and understand that my payment must be made in full by the end of the month. I also understand that trays are only available in single trays and must be ordered in quantities of 5.

Signature: _____

.03 OR .12	CC OR D	6MM through 15MM	Number of Trays (Must be in multiples of 5)

*****Once completed email picture of order form to info@thetexaslashinstitute.com