ORDER FORM

LELE & Company, Inc.

Manufacture & Wholesale children's apparels

3 ways to order:

- ✓ Phone: **(213) 745-8979**
- ✓ Fax: **(213) 745-8905**
- ✓ Email: **leleforkids@yahoo.com**

Corporate Office & Distribution Center
417 E. Pico Blvd., #103
Los Angeles, CA 90015
www.leleforkids.com

Date	P.O. #

DELIVERY DATE	CANCELLATION DATE

BILL TO

SHIP TO

STYLE #	ITEM DESCRIPTION	COLOR	SIZE	QTY	UNIT PRICE	TOTAL
					$	$

Thank you for your business!

Special Comments

Grand Total _____

LELE & COMPANY, INC.
417 E. PICO BLVD # 103
LOS ANGELES, CA 90015
Phone: (213) 745-8979 Fax: (213) 745-8905

CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT ALL SECTIONS, SIGNED AND FAX BACK TO (213) 745-8905

COMPANY NAME: _____
Business name or Individual Authorizing charge

ADDRESS:_____
Physical Business Address (NO P.O. BOX)

PHONE: _____ FAX: _____

CREDIT CARD INFORMATION

CARD TYPE: ☐ VISA ☐ MASTERCARD

_____ EXP DATE: _____ CVV# _____
Credit Card Number mm/yy 3 digits# on back of card

CARDHOLDE NAME: _____
Name, exactly as it appears on the card:

ADDRESS: _____
Mailing Address on File with Credit Card Company (if you are unsure please call your Credit Card Company).

If this address is not correct it will delay the shipping of your merchandise.

PAYMENT AUTHORIZTION

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above name individuals to use these cards for purchases from **LELE & COMPANY, INC**. Further, I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows **LELE & COMPANY, INC**., to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

X_____ _____ _____
Signature of Card Holder Print name Date