

Outside Order Form

Hostess: _____ Show Date: _____

Guest Name: _____ Phone _____

Street Address: _____

City _____ State _____ Zip _____

Quantity	Item #	Description	Price	Amount

Total Sales _____
 _____ **% S&H** _____
Sub-total _____
 _____ **Tax** _____
Grand Total _____

Make checks payable to consultant –

Consultant's Name

Independent Longaberger® Sales Consultant