

FIRST NAME :	LAST: _	
EMAIL :		
STORE NAME :		
WEBSITE NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:		
MONTHLY & YEARLY SUBS	THLY FEE DIAMONI	
NAME ON CARD:		
CREDIT CARD:		
EXP. DATE :	CVV :	
BILLING ADDRESS :		
CITY:	STATE:	ZIP:
subscription	·	ry month for my Drop-shipping
	ed will ship all products to custo	omers within allotted time frame