



**LLAVONE INC DBA L. LAVONE  
DEALER APPLICATION & ORDER FORM**

**BUSINESS CONTACT INFORMATION**

Owner Name:  
 Company name:  
 Billing Phone:                      Fax:                      E-mail:  
 Billing Address:  
 Billing City:    State:    ZIP Code:  
 \*\*Please Include Copy of Current Resale Certificate with Order\*\*

**SHIPPING INFORMATION**

Shipping Address:  
 Shipping City:    State:    ZIP Code:  
 Shipping Phone:                      Fax:                      E-mail:

**PAYMENT INFORMATION**

If you would rather be billed via electronic invoice leave below fields blank and you will receive a secure online bill to pay without having to share your credit card data.

Name on Card:  
 CC Account #:  
 Exp Date:    3 Digit CVC:  
 Type of Credit Card:

**ORDER**

Item Description	Quantity
II Salto Silk Scarf - Gold	
II Salto Silk Scarf - Pink	

**SIGNATURE**

Title:  
 Date:

Customer will be billed upon shipment of goods Please send completed form to Michelle Donn at [michelle@llavone.com](mailto:michelle@llavone.com) or fax to 561-584-5140. Call 561-319-6253 with any questions.