	ITEM	FORMAT	QTY.	\$	LINE \$ Total
1					
2					
3					
4					
5					
6 7					
8					
9					
10					
If necessary, continue list on the back or on a separate :	sheet of paper.			SUBTOTAL	
			(+ 8.75% sales tax Illinois residents only)	
SHIPPING METHOD			(+ OTHER PAGE	
☐ First Class ☐ Media Mail ☐ UPS Ground				+ SHIPPING	
EXTRA SERVICES Insurance (Included for free with UPSGround shipping)				+ EXTRA SERVICES (insurance)	
Insurance amount Fee \$0.01 - \$50.00 \$1.30 \$50.01 - \$100.00 \$2.20				TOTAL	
\$100.01 - \$200.00					
above \$300.00 free					
PAYMENT METHOD Make all payments to 3 Beads of St. □ Cash □ Personal check □ Money order	eeat ☐ Credit slip				
□ PayPal □ 3B0S gift certi	•				
VOLID INFORMATION					
YOUR INFORMATION All information will be kept confid MAILING/PRIMARY ADDRESS:	dential and will never be shared, sold or otherwise distributed to any other party: SHIPPING ADDRESS (if different fro	m mailing/primary add	ress):		
	,	31 ,	•		
☐ This is my first order with 3BOS. Please add me to the ma	iling list. ☐ This is my first order with 3BOS. Please DO NOT add m	o to the mailing list			
☐ I have ordered before, and this address is new – please u		ie to the maning list.			
DAYTIME PHONE #	EVENING PHONE #				
FAX #	E-MAIL ADDRESS BI would like to receive 3BO	S e-mail undates			
Have questions abo	ut your order? Need shipping rates or fee info? Consult our website www.3		nt 3bos@3bos.co	nm	
					-
MAIL ORDER FORM TO:	QUESTIONS?				
3 Beads of Sweat	3bos@3bos.com			1.	
4538 N. Kostner Ave.	3D02@3D02.C0III				
Chicago IL 60630-4110				9 3	9
USA			-	Z RADS	of SWEAT