	ITEM		FORMAT	QTY.	\$	LINE \$ Total
1						TOTAL
2						
3						
4						
5						
6						
7						
8 9						
10						
If necessary, continue list on the ba	ack or on a separate sheet of paper.					
					SUBTOTAL	
SHIPPING METHOD					+ OTHER PAGE	
☐ Air Mail ☐ Surface Ma	il				+ SHIPPING	
EXTRA SERVICES				(insurance, paper	+ EXTRA SERVICES (work sent separately)	
☐ Insurance ☐ Paper Insurance is only available on	perwork sent separately \$1.00				TOTAL	
heavier (> 4 lbs.) packages. Please contact us first to inquire	\$1.00					
about this service.						
	all payments to 3 Beads of Sweat					
☐ Cash ☐ Personal check ☐ PayPal	☐ Money order☐ Credit slip☐ 3BOS gift certificate					
	3505 girt certificate					
	information will be kept confidential and will never be shared, sold or otherwi					
MAILING/PRIMARY ADDRESS:		SHIPPING ADDRESS (if different fro	m mailing/primary add	ress):		
☐ This is my first order with 3BOS. Plea	ase add me to the mailing list. ☐ This is my first	order with 3BOS. Please DO NOT add m	e to the mailing list.			
☐ I have ordered before, and this addre	ess is new – please update the 3BOS mailing list to refle	ect this.				
DAYTIME PHONE #		EVENING PHONE #				
FAX #		E-MAIL ADDRESS 3BOS	S e-mail updates.			
	Have questions about your order? Need shipping rates	or fee info? Consult our website www.31	bos.com, or e-mail us a	at 3bos@3bos.co	om.	
MAIL ORDER FORM TO:	QU	ESTIONS?				
3 Beads of Sweat	3b	os@3bos.com			1 00	0
4538 N. Kostner Ave.	1				G Q	6
Chicago IL 60630-4110	!			-	Z RANDC	of CWFAT