

Josephine Sasso

Date:

To: _____

Phone Home: _____

Phone Work: _____

From: _____

Number of pages including cover: 1

We are sending you the following style(s) on approval. Your credit card will be charged:

_____ Overnight Shipping
_____ Handling
_____ Cost of Style # _____
_____ Cost of Style # _____
_____ Cost of Style # _____
_____ Cost of Style # _____
_____ **TOTAL**

Your credit card will be credited whatever you return less the shipping and handling fees, and 4% of your total.

I understand that I must overnight the clothes back to the below specified shipping address so that they arrive no later than ___/___/____. If I fail to get the clothes back to you by ___/___/____ I understand and agree to my credit card being charged an additional, on-refundable penalty of \$100.

Return the clothes to:

Josephine Sasso
Suburban Square
37 Coulter Avenue
Ardmore, Pennsylvania 19003
Tel: 610-658-9022

I understand and agree to pay all of the above applicable fees. All sales are final.

Signature

Fax back these sheets to (circle one): 610-658-9033