

Linden Soaps™  
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**SHIP TO:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PAYMENT METHOD:**

CHECK (ENCLOSE WITH ORDER)  
CREDIT CARD (PROVIDE COMPLETE INFORMATION HERE OR CALL IN ORDER)  
CARD# \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
V-CODE (LAST 3 NUMBERS ON BACK OF CARD NEAR SIGNATURE): \_\_\_\_\_  
ZIP CODE WHERE CARD IS BILLED TO: \_\_\_\_\_ Check box if same as above

Description/Fragrance	Quantity	Unit Price	Total
<b>Subtotal:</b>			
<b>Shipping and Handling:</b>			
<b>CT sales tax 6%:</b>			
<b>Total:</b>			

**Shipping & Handling:**  
\$00.01 - \$30 = \$9.00  
\$30.01 - \$50 = \$10.00  
\$50.01 - \$75 = \$11.00  
over \$75 = \$12.00

Special notes or instructions: