Order Form

Date:		cilk Scarf	
Ordered By		Me Silk Scarf Car	0
*Name:			
*Address:			
*State:			
*Zip Code:			,
Phone:			
*Email:			
Deliver To [Same as Above	TI 611 6 66	
*Name:		The Silk Scarf C C/O Diane Rid	
*Address:		P.O. Box Leonardtown, MD 20	
*State:		Leonardtown, MD 20)) (
*Zip Code:		www.silkscarfcafe.c	οm
* Required Field		www.siikscarreare.e	OIII
	Description	Amount	
			_
Ordering Instruction	ons:	Subtotal	
Please do not place an order until you receive an email from me		Shipping & Handling	
confirming your ch	noice is available. Once I have received your money ck has cleared, I will ship your purchase by U.S. mail.	Grand Total	
Returns:	, , , , , , , , , , , , , , , , , , , ,		

If you are not satisfied with your purchase, you have one business week upon receiving it to mail it back in undamaged condition and I will refund your purchase price. Shipping and handling not refunded.

Internal Use Only

Order Completed:	
Ship Date:	