



Magic Sleepsuit™ Order Form

Bill to/Sold to:

Name: _____
Address: _____

Phone: _____
E-Mail: _____

Baby Merlin Company Internal Use

Date Order Received: _____
Payment Type: _____

If you would like your order shipped to an address other than above, please list below:
(if left blank, order will be shipped to above billing address)

Name: _____
Mailing Address: _____

Special Instructions: (if you have any special delivery instructions, or want us to send a message to recipient with the order, please list below):

Order Description: The Magic Sleepsuit

- | | | | | |
|--------------------|--------------|-------------|-------------------|--------------------|
| 1) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |
| 2) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |
| 3) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |
| 4) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |
| 5) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |
| 6) Quantity: _____ | Color: _____ | Size: _____ | Price/Unit: _____ | Total Price: _____ |

Total Quantity: _____	Total Price: _____
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Payment enclosed:

Check #: _____ Amount: _____

If you'd like to pay with another form of payment, please call 1-877-458-0130.

Baby Merlin Company Authorized Representative (internal use only)

Name: _____ Date: _____