

## Carol Cannon Group Product Order Form

Complete this form and fax it to **610-871-1284**. Or attached your form to an email and send it to:  
**Carol@CarolCannonGroup.com**. Prefer to pay by check? Orders can be mailed to:  
 Carol Cannon Group, 3140B W. Tighlman St., PMB# 321, Allentown, PA 18104

BILLING ADDRESS:	SHIPPING ADDRESS:
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____ Country _____	Zip: _____ Country _____
Email: _____ Phone: _____	Email: _____ Phone: _____

ITEM DESCRIPTION	QTY	PRICE EACH	TOTAL PRICE
<b>4-Pillars Analysis</b> <i>(Please complete next page)</i>		<b>\$145.00</b>	
<b>Air-Flow™ Hands-Free Kit w/ ear hook</b>		<b>Buy 1 kit @ \$40, Receive 1 kit @ \$20</b>	\$
<b>Ferrite Snap Bead</b> Designed to reduce RF radiation in headset cables. Use in conjunction with your Air Flow hands-free kit. Will accommodate wires up to 5 mm (¼ inch).		<b>\$7.95</b>	\$
<input type="checkbox"/> Check Enclosed  Amount \$ _____  <i>Please make checks payable to:</i>  <p style="text-align: center;"><b>Carol Cannon Group</b></p>	<b>Please Charge my:</b>  <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<b>Sub Total</b>	\$
		<b>Sales Tax (6%)</b>	\$
		<b>Shipping and Handling (See chart below)</b>	\$
		<b>Total</b>	\$

**I hereby authorize you to charge my credit card as payment for the above described merchandise:**

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Three Digit Code from Back of Card \_\_\_\_\_ Signature: \_\_\_\_\_

Please ship my order using:  Standard Shipping (5 -10 days)  FedEx 2-Day  FedEx Overnight

### Shipping Rates: US and Canada Only

<b>Standard Domestic Shipping</b> 1 item: \$7.00 USD + \$1.00 for each additional item	<b>Federal Express 2-Day</b> 1 item: \$15.00 USD + \$2.00 for each additional item	<b>Federal Express Overnight</b> 1 item: \$25.00 USD + \$2.00 for each additional item
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#### 4-Pillars Analysis: Ordering Details

*Please complete the following to order a **4-Pillars Gift Certificate**.  
Use wording as you would like it to appear on the certificate.*

Recipient Name \_\_\_\_\_

Gift Giver's Name \_\_\_\_\_

Special Message \_\_\_\_\_

Address to which certificate should be sent:

Same as front

SHIPPING ADDRESS:	
Name:	_____
Address:	_____
City:	_____ State: _____
Zip:	_____ Country _____

*Please complete the following to order a **Completed 4-Pillars Analysis**.*

Recipient Name \_\_\_\_\_

Select One:  Male  Female

Recipient Date of Birth \_\_\_\_\_ Recipient Time of Birth \_\_\_\_\_

Recipient Place of Birth \_\_\_\_\_

Address to which analysis should be sent:

Same as front

SHIPPING ADDRESS:	
Name:	_____
Address:	_____
City:	_____ State: _____
Zip:	_____ Country _____