

Date _____ Description _____ Quantity _____
 Total _____ Tax _____ Shipping & Handling _____ Grand Total _____

Billing Information:

Payment Type: Cash Check Credit Card Card Type _____
 First Name _____ Last Name _____
 Card Number _____ Exp. Date _____ Card Security Code _____
 Billing Address Line 1 _____
 Billing Address Line 2 _____
 City _____ State _____ ZIP Code _____
 Email Address _____ Home Telephone _____

Shipping Address:

No shipping address required Same as billing address Use separate shipping address
 Shipping Name _____ Company Name _____
 Shipping Address Line 1 _____
 Shipping Address Line 2 _____
 City _____ State _____ ZIP Code _____
 Email Address _____ Shipping Telephone _____

Please mail this form and payment to:

Silver Lining Solutions
 200 White Hampton Lane, Suite 920
 Pittsburgh, PA 15236

Thank you!

Wishing you peace, love and lemonade.

www.peaceloveandlemonade.com info@peaceloveandlemonade.com