



Subscription Form

Phone: 310 856 9947 | Email: care@bazaar9.com

From: ___/___/___ To: ___/___/___

Shipping Address					
First Name:					
Last Name:					
Address:					
City:		State:		Zip:	
Phone:		Email:			

Billing Address					
First Name:					
Last Name:					
Address:					
City:		State:		Zip:	

S.No	Publication	Qty	Price
1	Vanitha		
2			
3			
4			
5			
Total			

Billing Address same as Shipping Address

Sign: _____ Date: ___/___/___

Referred By: _____

Note: Please make checks payable to Bazaar9 LLC

Bazaar9 LLC
14451 Chariots Whisper Dr
Westfield IN 46074