

Customer ID: _____ Source Code: _____ We honor Neiman Marcus MasterCard VISA
(Both are located on the back of your catalog.)

Name _____ Discover[®]/NOVUSSM Cards American Express Diners Club

Address _____ Account # _____
(all digits)

City _____ Expiration date _____ Signature _____

State _____ Zip _____ Cardholder's name _____

Telephone # _____ Check or money order enclosed (U.S. dollars only)

My daytime phone number is (_____) _____

My evening phone number is (_____) _____

My fax number is (_____) _____

Billing name and address _____

Please fill in area below for each item to be shipped to an address other than your own	THIS AREA MUST BE FILLED IN FOR ORDERS TO BE PROCESSED							Monogramming Information Only! Underline Last Name or Initial			√ for Gift Box	Gift Card Message (120 characters & spaces max.)	Rush Delivery**
Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____	Catalog Code*	Item #	Size	Color 1st 2nd		Qty.	Price	Style	Name _____ Address _____		Gift Box <input type="checkbox"/> \$2.50	_____ _____ _____ _____	<input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day
Description: For sheets, please specify: <input type="checkbox"/> Flat <input type="checkbox"/> Fitted							Color	Initials: First Middle Last					
Name _____ Address _____ City _____ State _____ Zip _____ Telephone _____	Catalog Code*	Item #	Size	Color 1st 2nd		Qty.	Price	Style	Name _____ Address _____		Gift Box <input type="checkbox"/> \$2.50	_____ _____ _____ _____	<input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day
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*Located on the back of your catalog.

**Extra charges apply.