



KENDRA SCOTT

Kendra Scott Order Form

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Credit Card #: _____ Exp: _____ CVV: _____

_____ Would like items shipped _____ Will pick up items from the store

If items are being shipped:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please list desired items below:

Are any of these items gifts that need to be gift-wrapped? Y N

Thank you!

you shop, we give
KENDRASCOTT.COM