



beberavi  
collections

Beberavi Collections inc

1775 York Avenue Suite 14B

New York, NY 10128

Tel: 917 68 3120

Email: [Siamanda@beberavi.com](mailto:Siamanda@beberavi.com)

BOY  GIRL

**PRICE \$ 86.00**

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address:

\_\_\_\_\_

Apt. No.: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone:

Cell:

Email Address:

SIZE (see measurement chart ) \_\_\_\_\_

QUANTITY \_\_\_\_\_

**PAYMENT OPTIONS:**

CREDIT CARD

VISA/ MASTERCARD/ AMEX \_\_\_\_\_

I hereby authorize **BEVERAVI COLLECTIONS INC** to charge my credit card for the transaction-dated  
\_\_\_\_\_

Total: \$ \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CARD SECURITY CODE:** *(3 digits on signature panel)* \_\_\_\_\_

**NAME AS IT APPEARS ON CARD:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

CHECK PAYABLE TO:

**BEVERAVI COLLECTIONS INC**

Signature: X \_\_\_\_\_