## Bath & Body Works®

## CORPORATE SALES Order Form

Customer Name:					
Company Name:					
Company Addres	S:				
City:			ate:	Zip Code:	
Ship to Company	/ Name (if different t	han above):			
Ship to Custome	r Name:				
Ship to Address:					
City:			ate:	Zip Code:	
Phone Number:			Fax Number:		
Email:			Website:		
GIFT CARDS	<ul><li>Please allow 48-</li></ul>	72 hours for delivery	,		
Type of Card	Quantity of Cards	Denomination (\$5, \$1	0, \$20, \$25, \$	50, \$100)	Envelope (Y/N)
PAYMENT INF	FORMATION:				
Credit Card Type	& Number:				
Expiration Date:					

## PLEASE SEND THIS FORM TO:

Bath & Body Works Attn: Corporate Sales 95 W Main Street New Albany, OH 43054

Name on Credit Card:

Total Amount: \$

Check # (if paying by check):

Email: Corporategifts@bbw.com

Fax: 1-614-577-3555

Please note: All information must be filled out for your order to be processed. If you have any questions about the ordering process, please call us at 1-800-688-7075.