

Customer Order Form

Please complete the form below and submit your order request to gorsumglobal@gmail.com.

# Customer Information

|  |  |
| --- | --- |
| Name of Company (If applicable) | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Last Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Date of Birth (MM/DD/YYYY) | Click or tap here to enter text. |
| Desired Delivery Date | Click or tap here to enter text. |
| Approximately what date would you like to receive ordered items? | Click or tap here to enter text. |

Is this your first time shopping with this company?

Yes  No

# Order Details

| Name of Item | Description | Link to Item | Company Use  (Do not enter) |
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Thank you for choosing GORSUM Global!

Please review the information above before submitting your order to gorsumglobal@gmail.com.