# HAJJ SOLUTIONS

## BULK ORDER FORM

Hajj Solutions Use:

Date Received: __/__/____

Assigned Order #: _____

Payment: R P CA CH CC

Agency Name: _____

Location: _____Local Phone: _____

Payment Type: ◯ Cash ◯ Check ◯ Credit Card

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**Hajj Group Leader**

Name:_____,_____ Email: _____ KSA Phone:_____
First Name Father's Name

**Group Members**

1. _____,_____ ; _____; +966_____
First Name Father's Name Email Address KSA Phone Number
2. _____,_____ ; _____; +966_____
3. _____,_____ ; _____; +966_____
4. _____,_____ ; _____; +966_____
5. _____,_____ ; _____; +966_____
6. _____,_____ ; _____; +966_____
7. _____,_____ ; _____; +966_____
8. _____,_____ ; _____; +966_____
9. _____,_____ ; _____; +966_____
10. _____,_____ ; _____; +966_____
11. _____,_____ ; _____; +966_____
12. _____,_____ ; _____; +966_____
13. _____,_____ ; _____; +966_____
14. _____,_____ ; _____; +966_____
15. _____,_____ ; _____; +966_____
16. _____,_____ ; _____; +966_____
17. _____,_____ ; _____; +966_____
18. _____,_____ ; _____; +966_____
19. _____,_____ ; _____; +966_____
20. _____,_____ ; _____; +966_____