ORDER FORM

Please complete and fax or scan/email to us!

Phone: 888-983-4095
Fax: 888-983-4122
email: sales@infitnessequipment.
web: infitnessequipment.com

DATE _____

PO Reference: _____

BILLED TO		**SHIP TO**	
Name		**Name**	
Company		**Company**	
Street / PO Box		**Street (No PO Box)**	
Street 2		**Street 2**	
City, ST/Prov		**City, ST/Prov**	
Zip/Postal Code		**Zip/Postal Code**	
email:		**Daytime Phone:**	

QTY	ITEM CODE	DESCRIPTION	UNIT PRICE	LINE TOTAL
			SUBTOTAL	
		Thank You for your Business!	**SHIPPING**	
			TOTAL	

CREDIT CARD:

____MC ____VISA ____ AMEX

Number: _____ Exp: MM/YY _____

Name on Card: _____ CCV: _____

Signature: _____ Date: _____