Fold-A-Goal

Order Form

Bill To:

Customer ID# (if available) _____

Name _____

c/o _____

Address _____

City/State/Zip _____

Daytime Phone _____

Evening Phone _____

Ship To:

Name _____

c/o _____

Address _____

City/State/Zip _____

Daytime Phone _____

Evening Phone _____

P.O. # (if applicable) _____

Ordering Information: Please use our order form or an official school purchase order. Be sure to include complete shipping and billing addresses, attention to and phone numbers. Please print clearly. Fax, mail or call-in your order. We will be happy to assist you over the phone, **7 AM - 3:30 PM PST**. Se habla espanol. **FAX 1-323-734-0731**

Quantity	Model #	Description Color	Size	Page	Unit Price	Total

☐ MasterCard ☐ VISA ☐ DISCOVER

☐ PERSONAL
☐ CORPORATE

Credit Card Number _____

Name (Print) _____
(as it appears on card)

Expiration Date _____ Amount $ _____

Signature _____ Date _____

Credit Card Code # (last 3 digits on back of card) _____

SUBTOTAL	
CA Add Sales Tax	
1-800-542-4625 for Shipping Charges	
Total	