ORDER FORM

Fax to 305-884-5843

Date _____ Employee # _____

Name _____

Ship To Address _____

City _____ State _____ Zip _____

Email _____

Phone Number ( ) _____ - _____ Cell Number ( ) _____ - _____

Style #	Qty	Description	Size	Price	Ext Price
Provide Personal Credit Card information				**Subtotal**	
CREDIT CARD Used (circle): Amex Mastcard Visa Discover				**Tax (7% in FL)**	
_____-_____-_____-_____ Exp: _____ / _____				**S & H**	
Signature: _____				**TOTAL**	

If company paid indicate Airline name _____

Billing address if different from shipping

Bill To Address _____

City _____ State _____ Zip _____