

Product and Service Order Form

Ship to:

Company _____
 Name _____
 Address _____
 City, State Zip _____
 Phone # () _____

Bill to (If different from shipping):

Company _____
 Name _____
 Address _____
 City, State Zip _____
 Phone # () _____

Item # from Catalog	Description	Quantity	Unit Price	Total (Quantity x Unit Price)
			\$	\$
			\$	\$
			\$	\$
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			\$	\$
			\$	\$

Method of Payment: (Check one)

- Check or Money Order**
(Make out to "OUTFOX Prevention" and Ensure to add \$10.00 for Shipping and Handling to Total Amount)
 (Shipping and handling will be assessed if different than \$10.00)
- Invoice under Customer # _____ for Amount**
(Orders subject to approval- If you haven't done so, call to set up a customer #)
- Credit Card Payment**
(Shipping and handling will be assessed if different than \$10.00)
Credit Card # _____ - _____ - _____
Credit Card Expiration Date _____ CV# _____
AMEX- CV# is a 4 digit number on the front of the card
 Discover, MC, VISA- CV# is 3 digit number on back of the card

Subtotal:	\$
Tax: <small>(Taxes are estimated at 7.5% multiplied by the Subtotal. Taxes only apply to those who have not provided their tax ID numbers)</small>	\$
Shipping/Handling: <small>(Add \$10.00 if Check or Money Order. Shipping and handling will be assessed if by credit card or invoiced if different than \$10.00)</small>	\$
Total Due:	\$

Signature _____ Date _____

*For return information please email info@OUTFOXprevention.com
 *Prices and terms subject to change at anytime

Mail, Fax, Email or Call in this order with the following information:

PO Box 39
 Oakley, UT 84055
 Phone: 801.635.6431
 Fax: 732.399.4950
 Email: sales@OUTFOXprevention.com
 Website: www.OUTFOXprevention.com

