

ORDER FORM

**CUSTOMER**

DATE: _____

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/postal code: _____

Country: _____

Phone: _____

Email: _____

USACK member # _____

*** PAYMENT METHOD (Check One)**

- VISA
- MasterCard
- CHECK (payable to PaddleOne)
- BANK TRANSFER
- MONEY ORDER

Send your order form to PaddleOne:
 Or order directly from the web site.

E-mail: admin@paddleone.com
 Fax: 1.450.743.9290

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	PaddleOne C		
	PaddleOne K		
	Bungee		
	Paddle Cord		
	SHIPPING (depending on location)		
TOTAL USD			

* NAME ON CREDIT CARD: _____

* CREDIT CARD # _____

* EXP DATE: _____

* SECURITY CODE: _____

Make all checks payable to
PaddleOne
 1625, St-Denis Sorel-Tracy Quebec
 J3R 2A8 Canada

**THANK YOU FOR YOUR BUSINESS!**

Export number
 14491 6061 RM 0001