

# ORDER FORM



The Whip Clip™ retails for \$16.95 each

Color	Quantity	Price/each	Total
<b>Black</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Green</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Silver</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Purple</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Blue</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Pink</b>		<b>X \$16.95</b>	<b>\$</b>
<b>Brown</b>		<b>X \$16.95</b>	<b>\$</b>

<b>Shipping</b>				<b>FREE</b>
<b>TOTAL</b>				

**SHIPPING ADDRESS**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**BILLING ADDRESS FOR CREDIT CARDS (if different than shipping address)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Country: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PAYMENT OPTION** ( Money Order Or Personal Check must be in US \$ and Payable in USA)

Credit Card Type: \_\_\_\_\_ ( Visa, Master Card, Amex OR Discover )  
 Credit Card Number: \_\_\_\_\_ ( 16 Digit Account Number )  
 Credit Card Expiration Date: \_\_\_\_\_ ( MM/YY )  
 Card Holder's Name On Credit Card: \_\_\_\_\_  
 Card Issuer Bank and Phone Number: \_\_\_\_\_  
 How Did You Find Out About Us? \_\_\_\_\_  
 Add Me to Your Mailing List (circle one): YES NO  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:**  
**DOS EQUINE**  
**P.O. BOX 277**  
**GRANDVILLE, MI 49468-0277**

**FAX TO:**  
**616-896-1987**

*Thank You!*