



FAX/MAIL ORDER FORM

PO# _____

Resale # _____

SHIP TO:

BILL TO:

Clinic

Clinic

Contact

Contact

Address

Address

City State Zip

City State Zip

Telephone

Fax

<u>ITEM</u>	<u>QUANTITY</u>		<u>UNIT COST</u>	<u>SUBTOTAL</u>
K-9-R	_____ (45-100 lbs)	@	\$34.00	\$ _____
K-9-L	_____ (100-125 lbs)	@	\$38.00	\$ _____
K-9-R-U	_____ (45-100 lbs)	@	\$38.00	\$ _____
K-9-L-U	_____ (100 - 125 lbs)	@	\$42.00	\$ _____
TOTAL				\$ _____

FAX ORDER TO (714) 378-5488
www.k-9caddie.com