



802 1st Street East, Suite B
Polson, MT 59860

CALL IN OR FAX YOUR ORDER!

Toll Free 888-883-3696 | Fax 406-883-3902

doctordown.com | info@doctordown.com

Company _____ PO# _____

Billing Information (NOTE: IF CONTACT INFORMATION IS NOT CORRECT, WE CANNOT PROCESS YOUR ORDER)

Name _____ Date _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

E-mail _____ URL www. _____

Shipping Information (if different)

Name _____ Date _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

E-mail _____ URL www. _____

Credit Card Information

(Check One) Visa Master Card AmEx Discover

Credit Card # _____ Expiration Date _____
MM/YY

Item Information

Item# _____	Quantity _____	Item _____	Price _____
Item# _____	Quantity _____	Item _____	Price _____
Item# _____	Quantity _____	Item _____	Price _____
Item# _____	Quantity _____	Item _____	Price _____
Item# _____	Quantity _____	Item _____	Price _____

Shipping Charges (OFFICE USE ONLY) _____
Total _____

Authorization

(Signature) _____ (Date) _____

By signing, I authorize Doctor Down, Inc. to charge my credit card the total amount shown above for items described in the Item Information category. All billing and shipping information is correct at time of signing.

Received by _____ Date _____