

S.B.S. FLASH MOB T - SHIRT

ORDER FORM

First Name: _____

Last Name: _____

Address: _____

City _____ St. _____ Zip _____

Country _____ Phone _____

E-mail _____

Make your Check Payable to: **COPA**

Mail to: COPAVision, Inc.
c/o Ira Weisburd
23344 Mirabella Circle North
Boca Raton, Florida 33433

Fax: 561-393-8895
Cell: 561-901-1200
E-Mail: COPAVision@comcast.net

| SIZE | QUANTITY | UNIT PRICE | SHIPPING & HANDLING | TOTAL |
|---|---|---|--|--|
| <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | _____ _____ _____ _____ _____ | * \$15.00 US * XXL - add \$2 | Continental US: Add \$3/shirt for shipping & handling Overseas: Add \$5/shirt for shipping & handling. For Large Orders: Based on weight, may be less. | Unit Price x Qty. Plus Shipping & Handling. \$ _____ |

Payment Options:

We are pleased to offer you the added convenience of paying this invoice by credit card. Please complete and sign the sections below and fax or e-mail the invoice back.

Card Details:

Select Card Type:  Visa  MasterCard  Discover

Name on Card: _____ 3 Digit Security Code: _____

Card Number : _____ Expiration Date: _____

Billing Address: _____ City _____ St. _____

Country _____ Zip Code: _____ Fax _____

Signature:

Card Holder's Signature

Date