

ROLLER DERBY SKATE P.O. Box 930, LITCHFIELD, IL 62056

Sold To (please print)

Ship To (if different than Sold To)

Name _____
 Address _____
 City _____
 State _____ Zip _____

Name _____
 C/O _____
 Address _____
 City _____
 State _____ Zip _____

Home Telephone (____) _____

Daytime Telephone (____) _____

Method of Payment (Please circle one)

Check

MasterCard

Visa

Money Order

(Payable to ROLLER DERBY)

Credit Card# _____ - _____ - _____ - _____

Expiration Date ____ / ____

Name on Card _____

Cardholders Signature _____

Send order form with payment to:

ROLLER DERBY SKATE, P.O. Box 930, Litchfield, IL 62056, or Fax credit card orders to: (217) 324-2213

Qty.	Part#	Description	Unit Price	Total

Skate Model _____ Size _____

*** Sales Tax**
 Pennsylvania Residents include 6% Tax
 Illinois Residents include 6.75% Tax
 California Residents include 7.75% Tax

**** Shipping & Handling Charges**
 This is a flat fee for Domestic U.S.
 Shipments ONLY. International Charges
 will be determined at time of shipment.

Sub total	
* Sales Tax	
** Shipping & Handling	
TOTAL	