

Fax or mail order form

Print this form and mail, or fax, your order to us.

Please send to:

Trine University Thunder Store

One University Avenue

Angola, IN 46703-1746

Fax: 260.665.4839

Qty	Color	Size	Item#	Sport	Unit Price	Total Price	Shipping Cost
____	____	____	____	____	____	____	____
Qty	Color	Size	Item#	Sport	Unit Price	Total Price	Shipping Cost
____	____	____	____	____	____	____	____
Qty	Color	Size	Item#	Sport	Unit Price	Total Price	Shipping Cost
____	____	____	____	____	____	____	____

Merchandise Total:

Method of Payment: (please circle one)

Mastercard

VISA

Check/Money Order

Card Number _____ Exp. Date ____ CID# ____

Ship to:

Name: _____

Address: _____

City: _____ State/Province: ____ ZipCode _____

Phone: _____

Bill to: (fill out if different than ship to)

Name: _____

Address: _____

City: _____ State/Province: ____ Zip Code _____

Phone: _____