

AQUA COMB ORDER FORM

Email: mark@miwayinc.com Fax: (941) 922-2439

Phone: (941) 922-7786 Web: www.aquacomb.com Bill To: Company Name: ____ Billing Address: PO# _____ Phone Number: _____ Sales Tax # E-Mail: Ship To: Company Name: Shipping Address: **NOTE:** All styles of Aqua Combs are each pre-packed 12 per box. ITEM# **DESCRIPTION** QTY **UNIT PRICE TOTAL** SUB-TOTAL: FREIGHT: Payment Method: Check Credit Card TOTAL: Credit Card: MasterCard_____ Visa _____ Credit Card #: Security Code: Expiration Date: / / Product Item# Credit Card Billing Zip Code: **POOL** 80661

SPA

PET

EQUINE

81600

81601

86969

Mi-Way, Inc. 7642 Saddle Creek Trail Sarasota, FL 34241

Print Name as it appears on Credit Card _____

Please make checks payable to **Mi-Way**, **Inc.** and Mail To: