



AQUA COMB ORDER FORM

Email: mark@miwayinc.com Fax: (941) 922-2439
 Phone: (941) 922-7786 Web: www.aquacomb.com

Bill To: Company Name: _____

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: _____

TOTAL: _____

Payment Method: Check Credit Card
 Credit Card: MasterCard _____ Visa _____ Am Express _____

Credit Card #: _____
 Security Code: _____ Expiration Date: ____/____/____
 Credit Card Billing Zip Code: _____

Print Name as it appears on Credit Card _____

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

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

<u>Product</u>	<u>Item#</u>
POOL	80661
SPA	81600
EQUINE	81601
PET	86969
PET (LONG HAIR)	07068