



Order Form

Order date: _____

Bill to:

Name: _____
Affiliation: _____
Address: _____
City: _____ State: _____
Phone: _____ Zip: _____
Country: _____
Email: _____

Ship to:

Name: _____
Affiliation: _____
Address: _____
City: _____ State: _____
Phone: _____ Zip: _____
Country: _____
Delivery Instructions: _____

Please accept my payment:

Check or money enclosed
(payable to Backpack Gear, Inc.)

Name: _____

Credit Card No: _____

VISA Mastercard AMEX

Signature: _____

Ship date: _____

Okay to substitute: Yes No

Purchase Order #: _____

Submitted by: _____

Item No.	Full Description	Quantity	Case Price	Total Price

Mailing Address:

PO Box 593235
Orlando, FL 32859

Shipping Address:

1307 E. Landstreet Road
Orlando, FL 32824

Phone Numbers:

TEL: (407) 240-2343
FAX: (407) 240-2342

Web:

www.backpackgearinc.com
info@backpackgearinc.com

Subtotal:

(If not tax exempt, include)

Sales Tax:

Shipping & Handling:

Grand Total: