

# CAMPUSA Clinic Attendance Purchase Form



**580 Burbank St. Suite 150**  
**Broomfield, CO 80020**  
**Phone: 303-465-9429**  
**Fax: 303-465-9785**  
**Web: www.camp-usa.com**

C.A.M.P. USA extends to the current employees of authorized CAMP dealers the opportunity to purchase equipment manufactured by CAMP USA at 25% below the current wholesale price. Please complete this order form (which includes the authorized signature of the shop owner or manager) and return it to us by mail or fax. You can pay by check, money order or MasterCard/Visa # (please include the expiration date and billing address if paying by credit card). Please feel free to call and check on availability and remember to tell everyone how much you like our gear.

## CREDIT CARD BILLING ADDRESS:

(YOU MUST FILL OUT COMPLETELY FOR CREDIT CARD PURCHASE)

## SHIPPING ADDRESS:

(NO P.O. BOXES)

NAME \_\_\_\_\_  
 SHOP NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE W/AREA CODE ( ) - \_\_\_\_\_

NAME \_\_\_\_\_  
 SHOP NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE W/AREA CODE ( ) - \_\_\_\_\_

Quantity	Description	Color	Size	Unit Price	Total

## PAYMENT METHOD:

☐ Master Card ☐ Visa ☐ Money Order

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

PURCHASER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Residents of AK and HI please add an extra \$6.00 Shipping & Handling to cover UPS Blue.**

Subtotal  
 Less 25% Discount  
 Subtotal  
 CO residents add 3% tax  
 \$8.00 Shipping & Handling  
 Total Amount Enclosed
