ARMYSURPLUSFORLESS.COM ORDER FORM	DATE:
	Click here if bill to address is the same as the shipping address

SHIPPING INFORMATION:	*BILLING INFORMATION:*
NAME:	NAME ON CARD:
COMPANY:	
ADDRESS:	*ADDRESS:
APT./SUITE #	CITY:
CITY	STATE:
STATE	ZIP/POSTAL CODE
ZIP/POSTAL CODE	PHONE:
PROVINCE:	COUNTRY:
PHONE #:	*The billing address is the address on your monthly
EMAIL:	statement. Without the correct address and zip
COUNTRY:	code the charge will not be approved.

1. PLEASE DO NOT INCLUDE CREDIT CARD DETAILS. WE WILL CONTACT YOU TO ACQUIRE THAT INFORMATION.
2. PLEASE CHECK THE INFORMATION YOU PROVIDE. IF THE ADDRESS IS NOT CORRECT YOUR PACKAGE MAY BE RETURNED TO US.

Quantity	*Size*	*Color*	*Description, Item#*