

Date:	 									

ORDER FORM

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BILLING ADDRESS:								
Name Department								
Company:								
Street			Ste/Apt #					
City		State	Zip					
Telephone (Day): (_ Telephone (Night): ()					
E-mail		Fax: (_)					
	(If different from billing add	•						
_		_						
			Ste/Apt #					
Street: Ste/Apt # City State Zip								
			_					
Master Card Card# Print Exact Name of Car	ENT (*** Checks Payable to Visa American Express American	ss Discover	Check or Mo	oney Order ***				
Expiration Date	_/_\ 							
	calculate the shipping based on							
QTY ITEM #	DESCRIPTION	UNI						
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$	\$	\$				
		\$ \$	\$ \$	\$				
TOTAL ORDER		\$	\$	\$				
TOTAL ONDER		Φ	Φ	Φ				

Georgia Residents: We will add appropriate sales tax (based on county) to the product total

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