



# Adjust-A-Goal Order Form

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

### BILLING

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Check here if the billing address & shipping address are the same

### SHIPPING

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### PAYMENT INFORMATION

Check enclosed payable to Adjust a Goal

Visa  Mastercard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

Mail your completed order form:

Adjust A Goal, 1580 Tampa Court, Bonita, CA 91902

Description	Qty	Price	Total
Adjustable Hockey Goal		229.95	
		Sub Total	
		Sales Tax (7.75%)	
		Total	