

Invoice

Mail orders only!
Please print this page and send it with your order to.

StreakFree Inc PO Box 1235 Jamestown NC 27282 www.StreakFree.biz

Please visit our web-site add your product in the shopping cart in order to get total cost with shipping.

Product	Price	Quantity	Total

Subtotal : _____

Shipping : _____

Tax _____

Total _____

Currency is in U.S. Dollars (USD) Total:

We take Credit Cards, Money Orders, CHECKS allow 5 days for checks to clear.

Your Shipping Information

Name: _____ Address: _____

City/State _____

Zip _____ Phone: _____

Credit Card: _____ exp: _____ 3 digit security# _____

Signature: _____

(I authorize StreakFree, Inc, to Charge My Card)