Competitive Edge Wrestling

Bill and ship to address

Name _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ _____

Please print clearly when filling out form

ITEM #	Description	Color	Size	Price	Quantity	Total $
					Subtotal	
					Order Total	

TO ORDER:

Fill out order form completely.

Indicate your method of payment.

PAYMENT INFORMATION

CHECK ☐ Please make payable to: DesignWear

CREDIT CARD ☐ Please designate: MASTER CARD ☐ VISA ☐ DISCOVER ☐

CREDIT CARD # _____ EXP. _____

NAME _____

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Lincoln, NE 68504
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FAX 402-441-5550
e-mail designwear@alltel.net