



## Payment Information

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

Check Number: \_\_\_\_\_ (Remember to enclose check with order form)

Purchase Order #: \_\_\_\_\_ (Original PO must be enclosed with order form)

### **BILL TO**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

### **SHIP TO**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Send completed order form with payment / payment information to:

AGT Milford

C/O Divatormask.com

400 Boston Post Road

Suite 11

Milford, CT 06460

Signature: \_\_\_\_\_

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

Alternatively, fax the completed order form and payment information to:

DivatorMask.com (203) 878-9857

Thank you..!!