

FLIP FITNESS, LLC
 PO BOX 77
 WYNNEWOOD, PA 19096
 FAX: 610.822.6135
 www.flipfitness.com



ORDER FORM

BILL TO: _____

SHIP TO: _____

QUANTITY	ITEM	UNIT PRICE	AMOUNT

Name on Card: _____
 Card No.: _____
 Exp. Date: _____

SUBTOTAL	
SALES TAX (7%)	
SHIPPING & HANDLING <small>(Refer To Online Ordering Charges)</small>	
TOTAL	

Make all checks payable to: FLIP FITNESS, LLC
 If you have any questions regarding this invoice, please write to: customer_service@flipfitness.com

THANK YOU FOR YOUR BUSINESS!