

FAX ORDER FORM

Please print, complete and fax to **SEALS Action Gear** at **403-692-0208**

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Day-time Phone: (____) _____

Alternate: (____) _____

Cell: (____) _____

Fax: (____) _____

E-mail address: _____

Product Code	Qty	Description	Colour	Size

Payment method (please circle): VISA or MasterCard

No. _____ exp. _____ Signature: _____

Comments: