

ORDER FORM

Collar Clinic
1517 Northern Star Drive
Traverse City, MI 49696

1-800-430-2010

International or Local Call: 231-947-2010

Fax: 231-947-6566

Email: order@collarclinic.com

www.collarclinic.com

Billing Address:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Ship to Address: (if different from billing address)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

*We appreciate having your daytime telephone number, in case we need to call you with any questions about your order.

Telephone #

(Daytime preferred) _____

Email address:

(Optional) _____

MODEL #	DESCRIPTION	QTY.	PRICE	TOTAL
	Please call ahead if you are ordering a Reconditioned Trainer			

Shipping Rates (Continental U.S.)

Please contact us for shipping rates outside continental U.S.

Merchandise Total	USPS	UPS	3 Day UPS	2 Day UPS
\$0.00-\$50.00	\$5.00	\$10.00	\$20.00	\$30.00
\$50.01-\$100.00	\$8.00	\$15.00	\$25.00	\$35.00
\$101.00-\$200.00	\$12.00	\$20.00	\$30.00	\$40.00
\$200.00 and over	\$15.00	\$25.00	\$35.00	\$50.00

Merchandise Total _____

Michigan Residents

add 6% Sales Tax _____

Add Shipping (see chart) _____

COD orders add \$10.00

(U.S. only) _____

TOTAL ORDER AMOUNT _____**Method of Payment**

Check or Money Order (Payable to Collar Clinic (US Funds only))

C OD Visa MasterCard American Express Discover

Credit Card # (all digits please)

Expiration Date:

Signature of cardholder

*Please check that you have clearly printed all necessary information.

THANK YOU FOR YOUR ORDER!