

# Order Form

## COMPANY INFO

<b>BILL TO:</b>	<b>SHIP TO:</b> (If different than billing address to the left)
Name: _____	Name: _____
Company: _____	Company: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Postal Code: _____	State: _____ Postal Code: _____
Country: _____	Country: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

ITEM #	DESCRIPTION	PRICE	QUANTITY	TOTAL COST
Shipping charges will be calculated upon receipt of order.				<b>GRAND TOTAL</b>

## PAYMENT METHOD

<p><b>Credit Card</b></p> <p><input type="checkbox"/> Visa   <input type="checkbox"/> Mastercard   <input type="checkbox"/> Discover   <input type="checkbox"/> American Express</p> <p>CC Number: _____</p> <p>Exp. Date: _____ Security Code: _____</p> <p>Name on card: _____</p> <p>Signature: _____</p> <p>I hereby authorize Interactive Life Forms, Inc. (ILF) to charge my credit card account for the amount listed above plus shipping and/or taxes, where applicable.</p>	<p><input type="checkbox"/> <b>Paypal</b> Send payment to aim.payment@gmail.com</p> <p><input type="checkbox"/> <b>Wire Transfer</b> Contact us for details</p> <p><input type="checkbox"/> <b>Check</b> Mail payment to address at bottom of form</p>
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**Fax completed form to 1-512-912-5628**