



Children First
A Network USA Company

Date:

ORDER FORM

Fax to: 404-222-8366 or Scan/E-mail to: info@PinchShield.com

BILLING ADDRESS:

Name _____ Department _____
 Company: _____
 Street _____ Ste/Apt # _____
 City _____ State _____ Zip _____
 Telephone (Day): (____) _____ - _____ Telephone (Night): (____) _____ - _____
 E-mail _____ Fax: (____) _____ - _____

SHIPPING ADDRESS (If different from billing address) Residential Commercial

Ship to: _____ Title or Department _____
 Company _____
 Street: _____ Ste/Apt # _____
 City _____ State _____ Zip _____
 Telephone (Day): (____) _____ - _____ E-mail _____

METHOD OF PAYMENT (***) Checks Payable to *Network USA Inc*

Master Card Visa American Express Discover Check or Money Order***
 Card# ● ● ●
 Print Exact Name of Cardholder _____
 Expiration Date /

We will calculate the shipping based on the quantity ordered and the destination ZIP

QTY	ITEM #	DESCRIPTION	UNIT	FREIGHT	TOTAL
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL ORDER			\$	\$	\$

Georgia Residents: We will add appropriate sales tax (based on county) to the product total