

PRINTABLE ORDER FORM
Bicyclinghub.com, 819 SE 16th Ave, Portland OR 97214
 FAX: (503) 296-2669 PHONE: (888)817-8060
 EMAIL: Sales@bicyclinghub.com

SOLD TO: Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	SHIP TO: Name: _____ Address: _____ _____ City: _____ State: _____ Zip: _____ Phone: _____
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SIZE	QTY	DESCRIPTION	PRICE EACH	TOTAL PRICE
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

<input type="checkbox"/> Check Enclosed \$ _____ Check # _____	Please Charge My: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	SUB TOTAL SHIPPING TOTAL	\$ _____ \$ _____ \$ _____
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I hereby authorize you to charge my credit card as payment for the above described merchandise: Credit Card Number: _____ Exp Date: _____ Amount: _____ City: _____ State: _____ Signature: _____	DATE: _____ _____
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- Shipping costs are non refundable.
- If item was shipped free, then full shipping cost will be deducted from amount credited if returned.
- Personal checks will be held for two weeks before order is shipped.
- Please use additional forms if you are shipping to more than one address.

THANK YOU FOR SHOPPING WITH US.