ORDER / INVOICE

14218 Nine Mile Rd Warren, MI 48089
586.777.7167 **new** fax 586.777.7947

Bill to: (for credit cards)	Ship to:
	Attention:

Order Date	Order Method	Ship Date	Ship Method	Sales Person

Qty	B/O	Description	Each	Subtotal
			Subtotal....	
			Disc x	
			Shipping...	
			Total.....	

Notes:

Payment: Check, MO or PayPal to lorettafillmore@detroitmuscletechnologies.com
Visa or Mastercard #:
Name on card:
Exp Date:

Thank You, Jim & Loretta Fillmore

http://www.DetroitMuscleTechnologies.com