



Billing Information

Please enter your billing information exactly as it appears on your credit card statement

- *Full Name:
- *Day Phone:
- *Email:
- *Address:
- *City:
- *State/Province:
- *Postal/Zip Code:
- *Country:

Where did you hear about us?

Credit Card Type: **VISA / Master Card / Discover**
 Card Number:
 Expiration Date:

Ship to Information

Please leave blank if same as billing address.

Ship to Name:
 Ship to Address:
 City:
 State/Province:
 Postal/Zip Code:
 Country:

Product Order Information

Quantity	Description	Total
_____	Complete Olympic Lifting \$37.00	_____
	Shipping: Add \$5.00 Domestic (US) or \$12.50 International	_____
	Grand Total	_____

If paying by Check or Money Order, make payable to: Athletes' Acceleration, Inc.

Athletes' Acceleration, Inc.
P.O. Box 3178
North Attleboro, MA 02760