



CUSTOM SACK ORDER FORM

FAX BACK TO 305-591-9200



GET HIGH SPORTS

TO BE FILLED OUT BY GHS

ORDER # _____

DATE: ___/___/___

SCREEN COLOR _____

TOTAL SACKS IN ORDER _____

SHIP _____

SHIP TO:

NAME _____

STREET _____

CITY _____


STATE _____ **ZIP** _____

PHONE _____

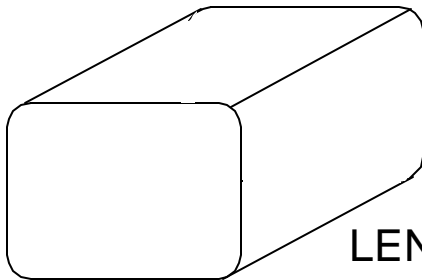
FAX _____

EMAL _____

NOTES: _____

DRAW BASICALLY WHERE YOU WANT THE VALVES TO BE WITH A CIRCLE LIKE SO 

QTY. ___ VALVES ___ COLOR _____

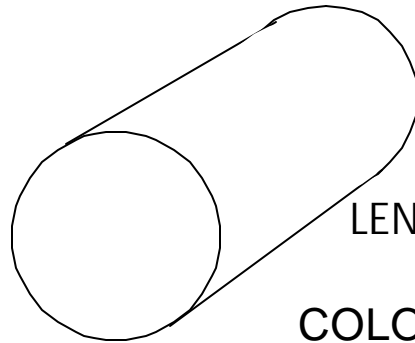


WIDTH _____

LENGTH _____

HEIGHT _____

QTY. ___ VALVES ___



DIAMETER _____

LENGTH _____

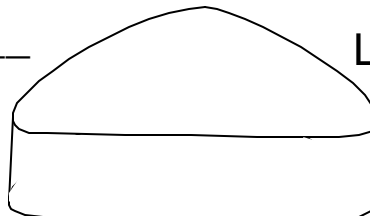
COLOR _____

AVAILABLE COLORS

- BLACK = BLK
- GREEN = GRN
- YELLOW = YLW
- BLUE = BLU
- RED = RED
- WHITE = WHT

QTY. ___ VALVES ___ COLOR _____

LENGTH _____



LENGTH _____

HEIGHT _____

LENGTH _____



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GET HIGH SPORTS

BILL TO: THESAMEADDRESSYOURCREDIT
CARDSTATEMENTGETMAILEDTO

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____

PHONE _____ FAX _____

EMAIL _____

SHIP TO: IFSAMEASBILLINGCHECKBOX

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____

PHONE _____ FAX _____

EMAIL _____

PAYMENT INFO

BANK NAME/ CARD

VISA/MASTERCARD

CIRCLE ONE

CARD NUMBER _____

EXP. DATE MONTH _____ YEAR _____

CVV2 CODE _____
CVV2CODEISTHELAST3DIGITS
LOCATEDON THEBACKOFTHECARD

Signature

SUBTOTAL \$ _____

SHIPPING \$ _____

TOTAL \$ _____