I Kick Shins Mail/Fax Order Form

Please send form to: **Sarah Giaconi**
PO Box 1886
Pacifica, CA 94044
Fax: **(650) 362-2336**

Billing Address: Please note that we do not ship to alternate shipping addresses. If paying via Paypal, Google Checkout, Visa, Mastercard, or Discover, the address must match the information on file for your account.

Name: _____

Address: _____

City: _____ **State/Province:** _____ **Zip Code:** _____

E-mail: _____

Payment Method: Please check the box beside your preferred payment method. If you choose Paypal or Google Checkout, we will send you a payment request via e-mail. If you are paying via cash, money order, or Western Union, we will contact you to let you know your total; for Western Union orders, please let us know the MTCN once you have sent payment.

☐ Paypal ☐ Google Checkout ☐ Cash (USD ONLY!)

☐ Money Order ☐ Credit Card ☐ Western Union

Credit Card Information: If paying via credit card, please include your information below.

Type: (Visa, Mastercard, or Discover) _____ **CVC:** _____

Card Number: _____-_____-_____-_____ **Expiration:** (MM/YY) ____/____

Insurance: Yes / No (Circle one. Additional charges apply; for pricing, please visit our website.)

Qty	Description of Product	Color	Unit Cost	Total Cost

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To calculate shipping, please use the shopping cart on our website or e-mail us at hair@ikickshins.net for a quote.

By placing an order, you agree to the processing times and policies posted on our website.

Subtotal:	
Shipping & Handling:	
CA Resident Sales Tax (9.25%):	
TOTAL:	

Thank you for your business!