

Focus/2000 Order Form

Name: _____ Date: _____

Company/Club: _____

Address1: _____

Address2: _____

City: _____ State/Prov: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Email: _____

Windows Operating System: _____

Product Name	Max Golfers or Qty Supplies	Amount

Subtotal:	
Shipping & Handling:	
Sales Tax (KS 7.65%):	
Order Total:	

Payment: Check M.O. Credit Card

Card Number: _____ Exp. Date: _____ VCode: _____

Cardholder Signature: _____

Please send form and payment to: Focus/2000, P.O. Box 3673, Shawnee, KS 66203