

THE TFBC PRESS™

FAR order page

BILLING INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip Code _____

SHIPPING INFORMATION

Same as Billing information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

ORDER INFORMATION

Publication: _____

Quantity: _____

OPTIONAL INFORMATION

Email Address* _____

Telephone No. _____

PAYMENT INFORMATION

Method of Payment

Check Credit Card *(Please be sure to provide a phone number for this option)*

*We will use your email address only to provide you with order information.

We will not send advertising to, or give your email address to others.

For additional information visit our website or send an email to questions@thefarbootcamp.com

Please fill out form completely and fax to: 1 (866) 913-1569

