

# M.O. Order Form

Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Product: \_\_\_\_\_

Size: \_\_\_\_\_

Quantity: \_\_\_\_\_ Total: \_\_\_\_\_

Shipping Insurance: 1.89 yes no please circle either yes or no. Insurance is recommended.

Grand Total: \_\_\_\_\_

Email Address: \_\_\_\_\_

Items in red are required fields.

Additional information below:

Please make money order out to:

ShopWars.com

5336 S Campbell Ave.

Springfield, MO 65810