



Name: _____

Street Address: _____

P.O. Box / Apt # _____

City / Town: _____ State: _____ Zip Code: _____

Quantity: _____ Sm. Pair(s)

_____ Med. Pair(s)

_____ Lg. Pair(s)

Total Quantity: _____ pr(s) x 69.99 = _____

Shipping & Handling: \$10.99

CT Residents add 6% tax _____

Total: _____

Please select a payment option: MasterCard Visa

Name as it appears on card: _____

Card Number: _____

3 digit security code (last 3 digits on back of card) _____

Billing Address, if different from above:

Street Address: _____

P.O. Box / Apt # _____

City / Town: _____

State: _____ Zip Code: _____

Shipping address if different:

Street Address: _____

P.O. Box / Apt # _____

City / Town: _____

State: _____ Zip Code: _____

Any questions or concerns? Please feel free to contact us.
Email or Phone: 1-800-599-7439

Mail to: StiltGuard 224 Stawicki Road, N. Grosvenordale, CT 06255