



HCI Fitness Product & Parts Order Form



Date: _____ P.O./Ref # _____



Ship To Company: _____

Attn: _____



Address: _____

City: _____ State/Prov: _____ Zip/Postal Code _____

Phone: _____ Ext: _____ Email: _____



- If you need product schematics to identify the parts you need to order, please contact us for assistance at parts@hcifitness.com or sales@hcifitness.com.
- Please return this completed form to us via fax, 206.299.4446 or email, sales@hcifitness.com. We will return your request within two business days with pricing and availability.

www.HCIFitness.com

Product Name	Item #	Description	Qty	Price

+ Shipping & Handling: _____

Total in US Dollars: _____

Method of Payment: VISA MasterCard AMEX Discover

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Expiration Date: _____ Cardholders Name: _____ Billing Zip: _____

CVC Code : _____ Email : _____

Authorization Signature _____

HealthCare International - fax.206.299.4446 – ph. 360.321.7090 - www.HCIFitness.com