Self Defense Solutions
HAWAII

Mail	P. O. Box 44, Wailuku, HI 96793
Phone	808-268-9721
E-mail	info@selfdefensesolutionshawaii.com
Website	www.selfdefensesolutionshawaii.com

1. SOLD TO:

Name _____
Billing Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____

2. SHIP TO: If different than "Sold To"

Name _____
Address _____
City/State/Zip _____

3. ORDER INFORMATION:

ITEM NUMBER	DESCRIPTION (Include size and color if several applicable)	UNIT PRICE	TOTAL PRICE
		SUBTOTAL	
		SHIPPING	
		TAX	
		TOTAL AMOUNT	

4. METHOD OF PAYMENT:

☐Check enclosed Make checks payable to JLA Services Maui, L.L.C. and mail to: P. O. Box 44, Wailuku, Maui, HI 96793-0044

☐Paypal Invoice will be e-mailed to you

☐Charge the following:

☐VISA ☐MasterCard ☐American Express ☐Discover

Card Number | | | | | | | | | | | | | | | |

Expiration Date ____/____ CSC* _____

*For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of your card.

Name _____ Signature _____

(Please print as shown on credit card)