

METHOD OF PAYMENT MUST BE INCLUDED FOR ORDER TO START

PLEASE ENCLOSE: CASH, CHECK, MONEY ORDER, OR CREDIT CARD INFORMATION



CUSTOMER INFORMATION

PLEASE WRITE AS NEAT AS POSSIBLE. THANK YOU!

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SHIPPING INFORMATION

CHECK BOX IF SHIPPING ADDRESS IS THE SAME AS CUSTOMER INFORMATION

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

BUSINESS HOURS

WEEKDAYS: 8:00 AM - 9:00 PM

WEEKENDS: 8:00 AM - 9:00 PM

METHOD OF PAYMENT



NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____ 3 DIGIT CODE: _____

SERVICE

CIRCLE SERVICE(S) IN NEED

RESHAFT REGROOVE SHORTEN CLUB

REGRIP LOFT & LIE LENGTHEN SHAFT

REFINISH SPINE SHAFT SWINGWEIGHT

OTHER SERVICE(S) NEEDED THAT IS NOT LISTED ABOVE

SHIPPING INFORMATION

QUANTITY OF ITEMS IN SHIPMENT: _____

DESCRIPTION OF CLUB(S) IN SHIPMENT: _____

DETAILED INSTRUCTIONS FOR REPAIR: _____



CUSTOMER SIGNATURE

THIS LINE MUST BE SIGNED FOR ORDER TO START

OUR ADDRESS FOR SHIPPING

INDIANA GOLF SOLUTIONS
333 NORTH SANDY CREEK DRIVE
SEYMOUR, IN 47274