



Date: _____
 Order id: _____
 Order status: _____
 Payment method: _____
 Purchase Order _____
 Delivery method: _____

Paradox Products
 4629 cass street suite 275,
 San Diego
 92109, California
 United States
 PHONE: 1-530-386-2160
 E-Mail: info@paradoxgrip.com

Company: _____
 Tax number: _____
 First Name: _____
 Last Name: _____
 Phone: _____
 Fax: _____
 E-Mail: _____
 URL: _____

Billing Address

Address: _____
 City: _____
 State: _____
 Country: _____
 Zip/Postal code: _____

Shipping Address

Address: _____
 City: _____
 State: _____
 Country: _____
 Zip/Postal code: _____

Products ordered

SKU	Product	Item price	Quantity	Total

Subtotal:

Shipping cost:

Total:

including CA 7.750%:

notes:
