



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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_