



SHIPPING FORM

(THIS PDF FORM MUST BE SAVED TO COMPUTER PRIOR TO ENTERING INFORMATION)

SHIP TO:

SOUTH FLORIDA SPEAKER REPAIR
4136 10TH AVE. NO.
LAKE WORTH, FL 33461

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____ EXT: _____ CELL: _____

EMAIL: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ CCV#: _____

EXPLANATION OF SERVICES REQUESTED

SIGNATURE: _____

PLEASE SEE WWW.UPS.COM OR WWW.USPS.COM FOR SHIPPING ESTIMATES