RHAKOS ORDER FORM

Company Name

Contact Person

Date (MM.DD.YY)

Mailing Address (No P.O. boxes please)

Suite

City

State

Zip Code + 4

Area Code & Phone Number

AreaCode & Fax Number

Email Address

GUEST ITEMS

Item Number	Size	Name Of Piece	Amount

Payment Method

❍ MasterCard ❍ Visa

❍ Check # _____

Card Number

Expiration Date _____

CVV Security Code

Card Holder Signature _____

RHAKOS®

EXPERIENCE THE RESCUE®

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www.rhakos.com

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Subtotal Product	
+ Shipping & Handling	
= Subtotal	
+ Indiana Sales Tax (if applicable)	
= Total Due	