



Please fill in all required information and mail to:  
**The Compression Closet, 4910 E. Crystal Lake Ave, Crystal Lake, IL 60014**

If you have any questions, please call: (815) 679-6148

**YOUR PRODUCT SKU #**

**PRICE**

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**SUBTOTAL:**

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**FLAT RATE SHIPPING:**

**\$5.00**

**TOTAL:**

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Check Enclosed

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC Code: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

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