



REGISTRATION FORM



COMPLETE AND RETURN TO:

ROTO GRIP, INC. 165 SOUTH 800 WEST BRIGHAM CITY, UT 84302
OR FAX: (435) 226-9100 // FIELDS MARKED WITH ★ ARE REQUIRED.

BUSINESS LOCATION INFORMATION

★ DATE _____

★ PRIMARY BUSINESS NAME _____

★ OWNER _____

MANAGER _____

★ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

★ E-MAIL _____

★ TELEPHONE _____

BILLING/MAILING ADDRESS

SAME AS BUSINESS LOCATION

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS

SAME AS BILLING/MAILING ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SHIRT & BALL INFORMATION

★ SHIRT SIZE _____

★ BALL 1 (CROWN) _____ ★ WEIGHT _____

★ BALL 2 (SWORD) _____ ★ WEIGHT _____

★ BALL 3 (SHIELD) _____ ★ WEIGHT _____

★ BALL 4 (CLEAR POLYESTER) _____ ★ WEIGHT _____

PAYMENT INFORMATION

★ CHECK # _____

CREDIT CARD INFORMATION

★ CHOOSE YOUR PAYMENT METHOD

Sorry, we do not accept American Express®

- VISA®
- MASTERCARD®
- DISCOVER®

★ CARD # _____

★ EXP. MONTH _____ ★ EXP. YEAR _____ ★ SECURITY CODE _____

★ CC BILLING ADDRESS _____ ★ CC BILLING ZIP CODE _____

DISTRIBUTOR

YES I WOULD LIKE TO BE BILLED THROUGH MY DISTRIBUTOR

DISTRIBUTOR NAME _____ P.O. NUMBER _____

PAYMENT LOCATION

- FIRST LOCATION \$395.00
- SECOND LOCATION \$385.00
- THIRD LOCATION \$375.00
- FOURTH LOCATION \$365.00

TOTAL PAYMENT \$ _____