

MikeFilsaime.com, Inc.

Please fill out the form below and:

Fax to: +1 (631) 472-1921

- or -

Mail to:

MikeFilsaime.com, Inc
3555 Veteran's Memorial Highway Suite E
Ronkonkoma, NY 11779

Product You Want To Purchase:	
Website Address of Product:	
Full Name:	
Email Address: (Please Print Clearly)	

Enter Your Shipping Address *(Physical Products Only. Not Required for Digital Products.)*

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Enter Your Billing Address *(as it appears on your credit/debit card statement)*

[] Same as Shipping

Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Country: _____

Enter Your Credit/Debit Card Details Below

Card Number: _____

Expiration Date (mm / yyyy) : ____ / ____ 3/4 Digit CVC Code: _____

(Examples of where you can find your card's CVC Code)



*If you are paying by fax and wish to use your checking account, please include a voided check with your fax.