

Morgan Products Order Slip.

Name: _____

Email: _____

Ph. No. _____

Item	Size	Item	Colour	Quantity	Price	Sub-Total
Training Equipment						
Kick Shields						
Focus Mitts						
MMA Gloves						
Hand Wraps						
Free Standing Bags						
Apparel						
Shoes						
Total:						

**Please choose carefully, goods are not exchangeable and no refunds will be offered.
All warranties of products must be returned for inspection.**

Date _____ Signed _____ Thank you.

Office Only

Deposit Payed

Full Payment

Received