



**SwordNArmory
Dojo Discount
Application
Swordnarmory.com**

Internal Use Only

Approved By: _____

Customer ID #: _____

Date: _____

SwordNArmory Dojo Discount

Billing/Shipping Information

Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone Number: _____
 FAX Number: _____

Dojo Information

Dojo Name: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone Number: _____
 FAX Number: _____
 Email Address: _____
 Website: http:// _____
 Number of Students _____ Rank _____

Martial Arts Taught at Dojo

Kendo ()	Aikido ()	Kung Fu ()	Kumdo ()
Judo ()	Taekwondo ()	Taichi ()	Laido ()
Karate ()	Jujitsu ()	Naginata ()	MMA ()
Other: _____			

Payment Method

Check/Money Order Credit Card Visa Master Card AMEX Discover (circle one)

Please print clearly and FAX this form to (888) 400-6899 after completing

Name on the Credit Card: _____
Credit Card #: _____
Expiration Date (mm/yy): _____
Credit Card Security Code: _____

What Products Are You Most Interested In?

Japanese Swords Chinese Swords Bokken Shinai
 Laito Sai Other _____

How Did You Hear About SwordNArmory?

Internet Search Engine Internet AD Word of Mouth
 Other _____

I certify that all information in this Application is correct to my knowledge. I authorize SwordNArmory to verify any information I have provided.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please print clearly and FAX this form to (888) 400-6899 after completing