Biko Sports Bands Ordering Form

			DIKO Sport			
Veterinarian/Trainer	/Handle	er				
Name:						
Name of Practice/Comp	any:					
Address:						
Address:						
City:		State:	Zip:			
Phone:						
Email:						
special offers and disco	unts, as v	well as new	at you can receive news on and updated products.			
Athlete/Working Dog	Informa	ation				
Dog's name:	11					
Pet parent/Trainer/Han	1					
Age:	Breed:					
Activity:	1					
Measurements (specify inches or cm)		left	right			
Band length (A)						
Metatarsal circum (B)						
Location of D-ring						
		A	B			

This is Rumor

Ordering Information									
Description			9	Qty	Total				
Biko Sports Band Kit – Individual Kit			\$225*						
Biko Sports Bands Practice Kit (sizes 3-6)			\$420						
Biko Sports Bands/Padded Cuffs- individual sets			′\$40						
Shipping (\$10/Individual, free for practice kit)									
Total									
*Professional courtesy offered to trainers/handlers and veterinary healthcare professionals									
Payment Information*									
Name on Card:									
Address:									
Address:									
City:	State:	State:		Zip code:					
Card Type: Visa Ma	stercard	*Other:							
Card Number:									
Exp Date:	Secur	Security Code:							
*We also accept Venmo, PayPal, Zelle									
Shipping Information									
☐ To Vet/Trainer/Handler Address ☐ Different Address									
Name:									
Practice/Company Name:									
Address:									
City:	State		Zip code						
Phone:									



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