

Police Traffic Radar Handbook Web Site

CopRadar.com PASSWORD

If using a Credit Card please use
mailing address Credit Card Bills to.

Name _____

Email Address _____

Company _____
if applicable

Address _____

City _____

State / Province _____

Zip / Postal Code _____

Country _____

Phone _____

Fax _____

PAYMENT \$25 / Six Months Access

(x) PAYMENT METHOD

Check / Money order _____

Discover ® _____

MasterCard ® _____

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payable to **Sawicki Enterprises**
in U.S. currency on a U.S. Bank

Credit Card Number _____

Card-validation code _____ (3 or 4 digit code in card signature panel)

Expiration Date _____

Signature _____

MAIL TO: **Sawicki Enterprises**
2665 Adams Street
Granite City, IL 62040
USA