ORDER FORM

Please indicate the email address that you would like the order



15 South Second Street Dolgeville NY 13329

Do you have a Shipping Dock? es or lo			we understa	Fax: 1.888.492.5371 orders@adaptivemall.com	
Bill to: (Please Print Clearly) School/ Institution:			Ship to: (If different t School/ Institution:	han Billing Address.We ca	innot deliver to a P.O. Box)
Attention:			Attention:		
Address:			Address:		
City:			City:		
State:		Zip:	State:	Zip:	
Phone, Fax		Fax:	Phone:	Fax:	
Quantity	Item Number	Description	on	Price Each	Total Price
		+			
		<u> </u>			
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PAYMENT METHOD: Authorized Purchase Order #:			_	Subtotal	
Visa	Mastercard	l)iscover Anieri an Express	Purchase Order: Please include a signed co	VQ	
Card #:			of your facility's PO.		
Exp. Date:		cvc:	Free Shipping: On orders greater than \$100.00. (\$15.95 shipping	Shipping	
Print Cardholder's Name:			charge on orders below \$100.00)	' 	
Cardholder's Bill-To Zip Code: Signature:			Returns: 30 Day Policy except on beds, bathing & hygiene		Sales Tax will be calculated per the sales tax laws for the shipping address and will be included on your Invoice.
Date:			items.	TOTAL	
	Check or Money Order	(enclosed) Payable to: "Adaptivemall.com, LLC"	n	TOTAL	

More Info: To View our full shipping, sales tax, & returns policies, please visit our Customer Service Page on the internet at: https://www.adaptivemall.com/orderinganddelivery or Call our Customer Service Team at #1-800-371-2778!