ORDER FORM



15 South Second Street Dolgeville NY 13329

Please indicate the email address that you would like the order confirmation to be sent to: Do you have a Shipping Dock? Yes or No				_	F	Tel: 1.800.371.2778 Fax: 1.888.492.5371 orders@adaptivemall.com		
Bill to: (Please Print Clearly) School/ Institution:				Ship to: (If different than Billing Address.We cannot deliver to a P.O. Box) School/ Institution:				
Attention:				- Attention:				
Address:				Address:				
City:				City:				
State:	Zip:			State:	Zip:	Zip:		
Phone, Fax	Fax:			Phone:	Fax:	Fax:		
Quantity	Item Number Description			on	Price Each	Total Price		
PAYMENT					Ouktotal			
Authorized	Purchase Order #: Mastercard	Discover	American Express	Purchase Order:	Subtotal			
Card #:	_			Please include a signed co of your facility's PO.	рру			
Exp. Date:		CVC:		- <u>Free Shipping:</u>	Shipping			
Print Cardholder's Name:				On orders greater than \$100.00. (\$15.95 shippin charge on orders below	g			
Cardholder's Bi	II-To Zip Code:			\$100.00)		Sales Tax will be calculated		
Signature:				Returns: 30 Day Policy except on beds, bathing & hygiene		per the sales tax laws for the shipping address and will be included on your Invoice.		
Date:		(I NP ::	to: "Adaptivemall.com. LLC	- items. -	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!