

ORDER FORM

ORDER NUMBER: _____ ACCOUNT NUMBER: _____ FOR OFFICE USE
 ORDERED BY: _____ DATE: _____

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL		DAYTIME TELEPHONE #

Check here if your address has changed since your last order.

SHIP TO: If order is to be shipped to someone else, please complete the following:

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL		DAYTIME TELEPHONE #

QUANTITY	ITEM NO.	NAME OF PRODUCT	EACH	TOTAL

IMPORTANT: If you are claiming tax exemption, please provide a copy of your Exemption Form or Resale Certificate.

SHIPPING & HANDLING
 ADDITIONAL SHIPPING & HANDLING - As listed per item
 NEW YORK RESIDENTS:
 please Add Applicable Tax on Taxable items

SHIPPING & HANDLING CHARGES

\$15 or less add \$5.90	\$150-199.99.....\$14.90
\$15.01-24.99.....\$7.50	\$200-249.00.....\$17.90
\$25-49.99.....\$7.90	\$250-299.00.....\$18.90
\$50-99.99.....\$9.90	\$300-2000.....\$19.90
\$100-149.99.....\$13.90	\$2000+ add \$10 for each \$1000

TOTAL AMOUNT

Shipping charges are not refundable. Additional shipping charges on items where indicated. Shipping to Alaska, Hawaii, Puerto Rico & V. Islands require additional charges that will be added to your invoice.

Additional charges indicated when applicable

Sometimes we may be out of stock,

please check if you would like us to:

Hold order if product(s) is temporarily out of stock

Refund money immediately
 Send Catalog
 Send more order forms

You can charge my order to my:

Discover
 Visa
 MasterCard
 American Express

ACCOUNT # _____ - _____ - _____

EXPIRATION DATE ____/____/____

 AUTHORIZED SIGNATURE

DATE ____/____/____ PHONE # _____

ORDER IS VALID ONLY WITH AUTHORIZED SIGNATURE AND PHONE NUMBER

MaxiAIDS

42 Executive Blvd.,
 Farmingdale, NY 11735
 To Order: 1-800-522-6294
 For Information:
 1-631-752-0521
 TTY: 1-631-752-0738
 Fax: 1-631-752-0689
 E-mail:
 sales@maxiaids.com

THANK YOU FOR YOUR ORDER