



BILL TO:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE NUMBER _____ FAX (OPTIONAL) _____

EMAIL _____

SHIP TO (if different than bill to information):

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE NUMBER _____ FAX (OPTIONAL) _____

EMAIL _____

PAYMENT – Terms (Net 30 Days on approved credit only)

Check (made payable to Got-Autism) Invoice our account: Purchase Order # _____

Credit Card Visa Mastercard American Express Discover

CREDIT CARD ACCOUNT NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____

PRODUCT SELECTION *If you are tax exempt, please fax your tax exemption certificate along with your order form.*

Quantity	Product Number	Product Description	Price Each	Total
<i>add a Gift Bag (20"x27")</i>			\$5.00	
<i>add a Gift Bag (14"x16")</i>			\$3.00	
Merchandise Total:				

Note: Shipping and handling fees will be determined and applied during shipping.

MAIL ORDER:
 Got-Autism
 10052 Commerce Park Dr.
 Cincinnati, Ohio 45246

PHONE ORDER:
 (888) 237-4988

FAX ORDER:
 (513) 881-7010

ONLINE ORDER:
 www.got-autism.com

Thank you for your order