Mail Order:
10052 Commerce Park Drive
Cincinnati, Ohio 45246
Ph: (888)237-4988
Fx: (513)881-7010
www.got-autism.com

Got- Autism Order Form

Bill to information:
Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (___) _____

Ship To: (If different than bill to)
Customer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (___) _____

Method of Payment – Terms (Net 30 Days on approved credit only.)

☐ Check (Make payable to Got-Autism) ☐ Invoice our account: Purchase Order - _____
☐ Credit Card => ☐ Visa ☐ MasterCard ☐ American Express
Credit Card Account Number: _____
Expiration Date: ___/___/_____ Name: _____ Date: _____
Signature: _____

Product Selection

Quantity	Product Number	Product Description	Price Each	Total

If you are tax exempt, please fax your tax exemption certificate along with your order:
Merchandise Total: _____

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

Thank you for your order:
Phone in order: (888)237-4988
Fax order: (513) 881-7010
Online: www.got-autism.com