Order Form

Adaptivemall.com®
15 South Second St.
Dolgeville, NY 13329

Tel: 1.800.371.2778
Fax: 1.315.429.8862
info@adaptivemall.com

Do you have a Shipping Dock? ☐ Yes or ☐ No

Bill to: (Please Print Clearly)
School/
Institution:.....
Attention:.....
Address:.....
City:.....
State:.....Zip:.....
Phone:.....Fax:.....

Ship to: (If different than Billing Address. We **cannot** deliver to a P.O. Box)
School/
Institution:.....
Attention:.....
Address:.....
City:.....
State:.....Zip:.....
Phone:.....Fax:.....

Please check one: ☐ Occupational Therapist ☐ Physical Therapist ☐ Speech-Language Pathologist ☐ Teacher ☐ Parent ☐ Other

Quantity	Item Number	Description	Price Each	Total Price

PAYMENT METHOD:

☐ Authorized Purchase Order #.....

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card #.....

Expiration Date.....

Print Cardholder's Name.....

Cardholder's Address.....

Signature.....Date:.....

☐ Check or Money Order (enclosed)
Payable to "Adaptivemall.com, LLC"

Purchase Order:
Please include a signed copy of your facility's PO.

Free Shipping:
On orders greater than $100.00. *($9.95 shipping charge on orders below $100.00)*

Returns: 30 Day Policy except on bathing & hygiene items.

More Info:
To view our full shipping & returns policy please visit our Customer Service page on the Web at **www.Adaptivemall.com** or Call **1.800.371.2778**

Subtotal	
Shipping	
Sales Tax	**N/C**
Total	