

# Hearing Technologies Order Form

<u>Item</u>	<u>Quantity</u>	<u>Cost</u>	<u>Item Total</u>	<u>Item</u>	<u>Quantity</u>	<u>Cost</u>	<u>Item Total</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Minimum Shipping Charges \$13.50 for shipments within the USA**

**Order Total** \_\_\_\_\_

Bill To:	Ship To:
Company Name _____	Company Name _____
Attention: _____	Your Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone ( ) _____	Telephone ( ) _____
Fax ( ) _____	Fax ( ) _____
Payment _____	Credit card number _____
Expiration Date _____	Cardholders Name _____
Signature _____	Billing Address _____
City _____	State _____
Zip _____	

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