

# eSpecial Needs Order Form

Before you begin, please copy this order form to use again and again.

## 1 BILL TO:

Customer Account Number \_\_\_\_\_  
 Customer Account Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Your Name \_\_\_\_\_

## 3 Method of Payment – (Terms – Net 30 days):

Check (Payable to **eSpecial Needs**)  
 Bill our account: Purchase Order # \_\_\_\_\_  
Hardcopy purchase order must accompany this form.  
 Credit Card:  Visa  Mastercard  AmEx  Discover  
 Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Credit Card Security Code (CSC): \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_  
Charges will not be processed until a shipment is made.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Credit Card Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 2 SHIP TO: (if different than bill to)

Customer Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Department \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

**Shipping Charges**  
 Standard parcel charges will apply to all ground shipments\*† and will be calculated at time of order. For non-credit card orders, please call customer service to obtain shipping charges.  
 \* Additional charges may apply; please refer to ordering information provided on website product pages for complete details.  
 † NOTE: Due to escalating fuel surcharges from our freight carriers, we are now forced to pass on a fuel surcharge for all ground orders. We reserve the right to modify the surcharge as market conditions change.

## 4 Product Selection

QUANTITY	PRODUCT NUMBER	PRODUCT DESCRIPTION	PRICE EACH	TOTAL

<sup>1</sup>If you are tax exempt, please fax your tax exemption certificate along with your order.

<b>MERCHANDISE TOTAL</b>	
<b>SHIPPING &amp; HANDLING</b>	
<b>SUBTOTAL</b>	
<b>MO SALES TAX<sup>1</sup> (on subtotal)</b>	
<b>TOTAL</b>	

## 5 To order:

**Phone**  
 1-877-664-4565  
**Fax**  
 1-800-664-4534  
**Online**  
 www.eSpecialNeeds.com

**Mail: eSpecial Needs**  
 Box 198, 11469 Olive Blvd.  
 St. Louis, MO 63141



**Thank you for your order!**