



Mailing Address:
50 Broadway
Hawthorne, NY 10532

Call Toll Free 1-800-832-8697
 Phone number 914-747-3070
 Fax: 914-747-3480

www.enablingdevices.com

BILL TO:

SHIP TO:

Name

Company

Street Address

City, State, Zip

Email Address

Daytime Phone Number (In case we have a question about your order)

Name (If different from billing address)

Company

Street Address* *(we cannot ship to a PO Box#)

City, State, Zip

Email Address

Phone #

Quantity	Item #	Description	Item Price	Total Price

©2010 Prices are subject to change.

Total Merchandise _____

Shipping & Handling (See chart at left) _____

NY State Tax (if applicable) _____

Total Enclosed _____

SHIPPING AND HANDLING CHART					
Order Total	Ground	3rd Day	2nd Day	Overnight	Canadian
\$1-\$50	\$8	\$10	\$13	\$19	\$20
\$51-\$150	\$15	\$20	\$26	\$37	\$36
\$151-\$250	\$21	\$29	\$37	\$55	\$41
\$251-\$450	\$30	\$40	\$54	\$73	\$46
\$451-\$750	\$50	\$69	\$86	\$110	\$69
\$751-\$1250	\$81	\$112	\$142	\$182	\$112
\$1251-\$2500	\$151	\$208	\$264	\$339	\$208
\$2501-\$5000	\$301	\$413	\$526	\$676	\$413
\$5001-\$7500	\$501	\$688	\$876	\$1126	\$688
\$7500-Up	8% of Total	11%	14%	18%	11%

Shipping days do not include Saturdays and Sundays, only business days.
 There is a 2PM EASTERN STANDARD TIME CUTOFF FOR PRIORITY ORDERS.
 Alaska, Hawaii and Puerto Rico are 2nd DAY AIR RATES
 Enabling Devices is not responsible for customs fees and/or custom delays that may be imposed on non-U.S. orders.

Tax ID# _____

All orders shipping to NY State will be charged tax unless you have a Tax ID number & certificate. (Tax rates are based on shipping address zip code.)
 Please fax or mail us a copy of your Tax ID certificate, with your customer account number. We will keep this copy in our files for future use.

Ground 3rd Day 2nd Day Overnight

(Please check one choice, US customers only!)

*Thank you for ordering
 Enabling Devices products!*

Method of Payment

Purchase Order# _____

(Please attach P.O. to this order form)

Check or Money Order Enclosed. Please make payable to **Enabling Devices**. Payment must be made in US Dollars.

MasterCard Visa American Express Discover

Card # _____ Expiration Date _____ Security Code _____

Print Name _____ Signature _____