

Date \_\_\_\_\_

**Bill To**  
 Customer \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Ship to** (If different from Bill to)  
 Customer Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Method of Payment**

**(Terms — Net 30 days):**

**Checks** (Payable to Rehab Dimensions)

**Bill our account:** Purchase Order # \_\_\_\_\_

**Credit Card:** Visa MasterCard Discover

Card Account Number:

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Expiration date \_\_\_\_\_ security code \_\_\_\_\_

*Charges will not be processed until a shipment is made.*

**Credit Card Billing**

Name on

Card \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Item #	Qty.	Description	Price Ea.	Total

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.

Merchandise Total \_\_\_\_\_  
 Tax (if applicable) \_\_\_\_\_  
 Order Total \_\_\_\_\_

Mail to:  
 Rehab Dimensions  
 363 Lunenburg St, Fitchburg MA 01420  
**Phone 978 343-3444**  
 Fax 978 343 -3944  
 Email order to  
 rehabdsales@verizon.net

Shipping charges apply on all purchases. Special shipping arrangements can be arranged.

If you are tax exempt, please fax your tax exemption certificate along with your order. If you are unsure about your sales tax, please contact customer service.

**Thank you for your order!**