

GARDNER AUDIOLOGY ORDER FORM

FOR MAIL AND PHONE ORDERS

Please review Ordering and Return Information before ordering.

Bill To:

Name:
(on Credit Card)

Address

City

State

Zip
Code

Phone:

E-mail:

Ship To:

(If different from Bill To address)

Name:

Address

City

State

Zip

Phone:

Your Order: *(Please write Item Title, Qty and Price)*

Item Title

Qty

Price

Total of Merchandise:

Standard Shipping:

(Refer to Ebay Shipping)

Grand Total:

GARDNER AUDIOLOGY ORDER FORM

Payment Method

Discover

Mastercard

Visa

Check or Money Order

Check or Money Order Payments

Your order will be shipped when payment is received.

Please make your check/money order payable to *Gardner Audiology*

Credit Card Number

Expiration

____	/	____
Month		Year

Security Code

Last 3-4 digits
on back of card

Comments (Optional)

Signature required for orders being faxed or mailed

Before submitting your order form – Please Verify

All information is accurate

Sign the order form if faxing or mailing

Call: 800-277-1182 { Monday through Friday
8:30 a.m. to 4:30 p.m.
Eastern Standard Time

Fax: 352-795-8663 { Fax anytime

Mail: Gardner Audiology
Customer Support
700 SE 5th Terrace, Suite 12
Crystal River, FL 34429