southpaw enterprises®

Order Form

PHONE
800-228-1698
7:30 a.m. - 5:30 p.m.

MAIL
P. O. Box 1047
Dayton, OH 45401-1047

FAX
937-252-8502
anytime 24/7

ONLINE
www.southpawenterprises.com
anytime 24/7

Date: _____

Customer Number If Known: _____

Check One: ❑ Past Customer ❑ New Customer ❑ Parent ❑ Teacher ❑ Therapist

BILL TO:

Name _____

Company _____

Address _____

City _____

State/Province _____ ZIP _____

Country _____

Phone (_____) _____

SHIP TO: (If different from Bill To:)

Name: _____

Company _____

Address _____

Must be a street address. We cannot ship to a P. O. Box.

City _____

State/Province _____ ZIP _____

Country _____

Phone (_____) _____

Qty.	Catalog Number	Description	Unit Price	Total Price

- **International customers must mail, e-mail or fax request for a shipping quote**
- **Canadian Customers: Our prices and shipping charges do not include taxes, duties, GST, etc.**
- **All monies must be paid in U.S. Funds only**

SUBTOTAL	$
OH & NJ ORDERS Please add applicable sales tax	$
SHIPPING & HANDLING CONTINENTAL UNITED STATES Please add the greater of $8 or 14% to your order to cover shipping & handling	$
CANADIAN ORDERS NW Territories must call for quote. All others please add the greater of $10 or 21% to your order to cover shipping and handling. See note to the left.	$
Alaska, Hawaii & Puerto Rico orders shipped UPS 2nd Day Air. Items shipped via motor freight must call for quote.	$
TOTAL AMOUNT	$

CHECK ONE:

❑ Purchase Order No._____

❑ Check Enclosed ❑Money Order

❑ VISA ❑ MasterCard ❑ American Express Cards ❑ Discover Novus

Account Number Expiration Date: _____

Print Cardholder's Name: _____

Signature: (X) _____

Media Code

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