MY SUPPLEMENT SHOP .com

ORDER FORM

Play-Time Concepts Inc.
P.O. Box 261
Spotswood, N.J. 08884-0261

Phone (732) 446-6878 | FAX (732) 651-2199

Customer Information

FULL NAME: _____
COMPANY: _____
ADDRESS: _____
CITY: _____ STATE:____ ZIP: _____ COUNTRY:_____
PHONE: _____ FAX: _____
E-MAIL: _____

ORDER DATE:_____

HOW DO YOU PLAN ON PLACING YOUR ORDER? [ ] BY FAX [ ] BY MAIL

Order Information

PRODUCT	QUANTITY	PRICE	AMOUNT

PLEASE CALL OR USE THE SHIPPING CALCULATOR IN OUR CART'S CHECKOUT SECTION FOR SHIPPING IF THE TOTAL WEIGHT WILL BE OVER 8 LBS. FOR ORDERS UNDER 8 LBS. PLEASE USE A FLAT SHIPPING FEE OF $7.95. THIS FIGURE WILL BE AUDITED. THANK YOU.

SUBTOTAL...
***SHIPPING...**
TOTAL...

Billing Information

Do you wish to pay by (select one):
[ ] Money Order [ ] Check [ ] MasterCard
[ ] Visa [ ] Discover [ ] American Express

Name:_____

CC #: _____

Expires: _____ / _____
MM YYYY

Notes

_____
_____
_____
_____
_____
_____
_____
_____

X _____ **DATE:** _____

BY SIGNING, I CERTIFY THIS ORDER TO BE TRUE AND VALID. I WILL EITHE FAX OR MAIL THIS ORDER FORM TO PLAY-TIME CONCEPTS, INC. I HAVE READ AND ACCEPT THE SHIPPING POLICY AND DISCLAIMER OF MYSUPPLEMENTSHOP.COM.