



**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 EITHER FAX OR MAIL THIS ORDER FORM TO PLAY-TIME CONCEPTS, INC. I HAVE READ AND ACCEPT THE SHIPPING POLICY AND DISCLAIMER OF MYSUPPLEMENTSHOP.COM.