

ORDER FORM

2023/2024

MaxiAIDS

 Superstore for Assistive Products

ORDER NUMBER: _____ ACCOUNT NUMBER: _____ FOR OFFICE USE
 ORDERED _____ DATE: _____

BILLING INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL		DAYTIME TELEPHONE #
<input type="checkbox"/> Check here if your address has changed since your last order		

SHIPPING INFORMATION		
Please complete the following, if order is to be shipped to different address:		
FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS (No PO Boxes)		
CITY	STATE	ZIP CODE
EMAIL		DAYTIME TELEPHONE #





QTY	ITEM NO	NAME OF PRODUCT	EACH	TOTAL

Please indicate your preference if a product is out of stock:
 Hold for BO; ship order complete
 Ship in-stock items now; ship BO when possible
 Ship in-stock items now; cancel BO

SHIPPING & HANDLING
ADDITIONAL SHIPPING & HANDLING -As listed per item

NY & CA RESIDENTS: Please
 Add Applicable Tax on Taxable Items

TOTAL AMOUNT

PAYMENT INFORMATION	
You can charge my order to my:	
 <input type="checkbox"/> Discover	 <input type="checkbox"/> Visa
 <input type="checkbox"/> Master Card	 <input type="checkbox"/> American Express
ACCOUNT # _____	
EXPIRATION DATE ____/____/____	
X _____ AUTHORIZED SIGNATURE	
DATE ____/____/____	PHONE # _____
ORDER IS VALID ONLY WITH AUTHORIZED SIGNATURE AND PHONE NUMBER	

IMPORTANT: If you are claiming tax exemption, please provide a copy of your Exemption Form or Resale Certificate

US CONTINENTAL GROUND SHIPPING & HANDLING CHARGES			
If your order totals			
\$15 or less	add \$7.75	\$150-\$199.99	\$17.75
\$15.01-\$24.99	\$8.45	\$200-\$299.99	\$21.75
\$25-\$49.99	\$9.95	\$300-\$499.99	\$23.75
\$50-\$99.99	\$11.95	\$500-\$999.99	\$26.75
\$100-\$149.99	\$16.50	\$1000+	add \$8 for each \$500

Additional charges indicated when applicable

Shipping charges are not refundable. Additional shipping charges on items where indicated. Shipping to Alaska, Hawaii, Puerto Rico, Virgin Islands & international ship-to addresses require additional charges that will be added to your invoice.

MaxiAIDS
 42 Executive Blvd.
 Farmingdale, NY 11735-0813
 To Order: 1-800-522-6294
 For Info: 1-631-752-0521
 TTY: 1-631-752-0738 Fax: 1-631-752-0689 Email: sales@maxiaids.com

THANK YOU FOR YOUR ORDER!



What YOU are saying about MaxiAids...

"I am very thankful for the outstanding customer service that you provide to me as a visually impaired person."

- Wesley, in New Jersey

"What a find you have turned out to be... Service like this is rare and you are to be commended for it!"

- Diane

"Thank You for hiring good people who care about their jobs & the people they are talking to."

- Suzanne, in Pennsylvania

"Thank you, THANK YOU, you have given me more independence."

- Robert, in New York

"I love your company. Getting individual help these days is very hard to find, your company has gained one very satisfied new customer!"

- Jerry

IT IS OUR PLEASURE TO SERVE YOU!

The MaxiAids Team is dedicated to bringing you the Largest Selection of Products, the Newest Innovations, and the Best Service - all at the Lowest Possible Prices. We appreciate the opportunity you have given us to provide you with the finest products and services available. We eagerly look forward to serving you in the future.

—The MaxiAids Team



Contact us for a FREE Catalog or other product information:

Phone: 1-800-522-6294

Video Phone: 1-631-752-1145 • Fax: 1-631-752-0689

Email: sales@maxiaids.com

or visit www.maxiaids.com