ORDER FORM 2023/2024
MaxiAIDS Superstore for Assistive Products

ORDER NUMBER: ___________________________ ACCOUNT NUMBER: ___________________________
ORDERED ___________________________ DATE: ___________________________

BILLING INFORMATION
FIRST NAME _______________ MIDDLE INITIAL _______________ LAST NAME _______________
ADDRESS ________________________________________________________________________________
CITY _______________ STATE _______________ ZIP CODE _______________
EMAIL ___________________________________________________________________________________
☐ 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 ___________________________________________________________________________________

QTY ITEM NO NAME OF PRODUCT EACH TOTAL
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

PAYMENT INFORMATION
You can charge my order to my:
☐ Discover ☐ Visa
☐ Master Card ☐ American Express
ACCOUNT # ________-________-________-________-
EXPIRATION DATE _____/_____/_____
X __________________ _______________
AUTHORIZED SIGNATURE
DATE _____/_____/_____
ORDER IS VALID ONLY WITH AUTHORIZED SIGNATURE AND PHONE NUMBER

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

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

TOTAL AMOUNT

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

The above 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.

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, THANK YOU, you have given me more independence.”
- Robert, in New York

“Thank You for hiring good people who care about their jobs & the people they are talking to.”
- Suzanne, in Pennsylvania

“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