PRODUCT ORDER FORM Fax to 847-223-7435

Pediatric Interactions Inc. 15 Commerce Dr., Suite 116 Grayslake, IL 60030
Phone: 847-223-7433 FAX: 847-223-7435

All information MUST be complete to process order

Billing Information

Name:_____

Address: _____

_____

Phone:_____

Shipping Information

Name:_____

Address: _____

_____

Phone:_____

Quantity	Product Name	Unit Price	Total Price

Total Price	
Shipping & Handling	
TOTAL	

Current clients & their families receiving services at Pediatric Interactions Inc. may be eligible for a discount. See your therapist for details.

All orders must be prepaid in full in US funds by check or money order payable to Pediatric Interactions or by credit card

Shipping & Handling Rates
Orders picked up at our Grayslake location within 2 weeks of order $0.00
US add 10%, Canada 15%, Other 20% Minimum Charge = $1.00

Payment Information

Check One

☐ Payment Enclosed

☐ Visa

☐ Master Card

Credit Card Information

Authorized Signature:_____

Card Number:_____

Expiration Date:_____