



ARK Therapeutic Services, Inc.  
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 info@arktherapeutic.com  
 www.ARKTherapeutic.com

# Order Form

Please mail in this form with a check, money order, or credit card information. Credit card orders may also be faxed. For international orders, please e-mail info@ARKTherapeutic.com.

## Bill To:

Name/Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Street: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

## Ship To:

Name/Company: \_\_\_\_\_  
 \_\_\_\_\_  
 Street\*: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

\*\*\*If ordering products with options (colors, custom kits, etc.), please be sure to list your choices below\*\*\*

Quantity:	Description:	Price/Each:	Total:

How did you hear about us?  Internet Search  From a Friend/Therapist  Ordered Before  Other \_\_\_\_\_  
 I am a(n):  SLP  OT  PT  Caregiver  Parent  Teacher  Buyer  Other \_\_\_\_\_

## Payment:

Option 1:  Check or  Money Order  
 (Enclosed & Payable to ARK Therapeutic)  
 Option 2:  Visa  Mastercard  Discover  
 Credit Card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_

## Totals:

Subtotal \$ \_\_\_\_\_  
 Shipping add 12% \$ \_\_\_\_\_  
 (minimum \$8.95)  
 Add 8% Tax \$ \_\_\_\_\_  
 (SC Residents Only)  
 Total Enclosed \$ \_\_\_\_\_

Thank you for your order!!