ARK Therapeutic
PO Box 290310
Columbia, SC 29229
Tel (803) 438-9779
info@arktherapeutic.com
www.ARKTherapeutic.com

Order Form

Please mail in this form with a check, money order, or credit card information.

**Please note: this order form is for US shipping addresses only. For shipping outside of the US, please place your order online at www.ARKTherapeutic.com

Billing Address:

Name: _____
Street Address: _____
_____
City: _____
State: _____ Zip: _____
Phone: _____
E-mail: _____

Shipping Address:

Name: _____
Company (optional): _____
Street Address: _____
_____
City: _____
State: _____ Zip: _____
Phone: _____
E-mail: _____

If ordering products with options (colors, custom kits, etc.), please be sure to list your choices below. If no options are specified, we'll choose the most popular colors/options for you

Quantity:	Description:	Price/Each:	Total:

Payment

(Payment is required before your order ships, this applies to all orders including purchase orders)

Option 1: ☐ Check or ☐ Money Order
(Enclosed & Payable to ARK Therapeutic)

Option 2:
☐ Visa ☐ Mastercard ☐ Discover ☐ Amex
Credit Card #: _____
Expiration Date: _____ CVV Code _____
Cardholder's Name: _____
Signature: _____

Totals:

Subtotal	$ _____
Shipping	$ 5.00
Add 8% Tax (SC Residents Only)	$ _____
Total Enclosed	$ _____

Thank you for your order!