



Mayben Assistive Devices, LLC

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Helping Provide Opportunities
for INDEPENDENCE

Bill To	
Name _____	
Address _____	
City _____	
State _____	Zip Code _____
Phone _____	Fax _____
email _____	

Ship To	
Name _____	
Address _____	
City _____	
State _____	Zip Code _____
Phone _____	Fax _____
email _____	

item	description	price	quantity	total price

po# _____ date _____	subtotal	
print name _____	shipping	
signature _____	sales tax	
	total	

check enclosed for \$ _____
(check payable to Mayben Assistive Devices, LLC)

or charge to Visa MasterCard

credit card number

expiration month ____ year ____

credit card verification code ____

print cardholder name _____ signature _____

print cardholder name _____ signature _____