



## **ORDER FORM**

4550 Red Bank Expressway Cincinnati, OH 45227 www.got-specialKIDS.com

BILL TO:			SHIP TO (if different than bill to information):		
NAME			NAME		
ADDRESS			ADDRESS		
CITY			CITY		
STATE		ZIP	STATE	ZIP	
PHONE NUMBI	ER FAX (OPTI	ONAL)	PHONE NUMBER	FAX (OPTIONAL)	
EMAIL			EMAIL		
CREDIT CARD	ACCOUNT NUMBER		xpress O Discover	RATION DATE	
SIGNATURE			EXP	RATION DATE	
PRODUC	CT SELECTION  Product Number		EXPI EXPI please fax your tax exempt	RATION DATE	our order form Total
SIGNATURE	CT SELECTION	If you are tax exempt, p	EXPI EXPI please fax your tax exempt	IRATION DATE  ion certificate along with y	-

**Got-Speical KIDS** 

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