



Accessibility.net
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Mail and Fax Order Form
 Print, complete, and mail or fax to:

Qty	Product Description	Price	Total
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	Subtotal	\$	
	Shipping	FREE	FREE
		\$	
	Sales Tax for Nebraska	\$	
	Total	\$	

Billing Address

First Name _____ MI _____
 Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Home Work
 Eve Phone _____ Home Work

Shipping Address

First Name _____ MI _____
 Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Home Work
 Eve Phone _____ Home Work

Billing Information

- Visa**
 Mastercard
 Discover
 American Express
 Money Order
 Cashiers Check
 Personal Check

Credit Card # _____
 Expiration Date (MM/DD/YY or MM/YY) _____

Signature _____