Fax or Mail Order Form for The Special Needs Store

Item Number	Description	Color/Size	Quantity	Price Each	Total Price
				Subtotal	$

Ship to:	Bill To:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:

Credit Card Information: Visa Mastercard
Card #:_____ Expiration Date:_____
Name as it appears on card:_____
Signature:_____
Date:_____

Please mail order to:
The Special Needs Store
Attn: Kelly
12658 Elm Parkway
Rogers, MN 55374

OR

Fax Order to:
763-390-6789

**Once order is received, Customer Service will contact you with a total cost of your order, including MN Sales Tax and shipping for confirmation prior to placing the order. Please be sure your phone number is filled out above.