

Novus Rehab Order Form

1. Bill To:

Customer Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone () _____
 Fax () _____
 Your Name _____

2. Ship To: (If different than bill to)

Customer Name _____
 Attention _____
 Street Address _____
 City _____ State ____ Zip _____
 Phone () _____

3. Method of Payment (Terms – Net 30 Days)

Bill to account: Account Number _____ PO Number _____

Check (Payable to Novus Rehab, LLC)

Credit Card American Express Discover Master Card Visa

Card Account Number _____ Expiration Date ____ / ____
 Signature _____ Date _____
 Name on Card (Print) _____
 CC Billing Address _____
 City _____ State ____ Zip _____

4. Product Selection

Quantity	Item Number	Product Description	Unit Price	Total

1. Arizona Residents must include 8.1% sales tax. Tax exempt organizations please include a copy of your tax exemption certificate along with your order.

Merchandise Total	
Shipping & Handling (\$300.00 per table)	
Sub Total	
Sales Tax¹ (on Sub Total)	
Total	

5. To Order

Fax: (888) 687-3422

Mail To: Novus Rehab, LLC
 Attn: Douglas A Behm
 1724 E Monona Drive
 Phoenix, AZ 85024