Tadpole Adaptive

Order Form

3940 7th Ave, Suite 103
San Diego, CA 92103
toll free 877-698-2376
fax 619-881-0044
sales@tadpoleadaptive.com

Ship To:

Name /Facility: _____
Attention: _____
Address: _____
Address2: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Bill To: ☐ **Use Ship To**

Name /Facility: _____
Attention: _____
Address: _____
Address2: _____
City: _____
State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Person completing this form (if different than above): _____
Email: _____ Phone: _____ Fax: _____

Quant.	Item Number	Description	Each $		Total $	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	
					$0.00	

Payment Method

Check or Money Order (Enclosed)
Purchase Order # _____
(Completed PO must be signed & attached)
☐ Visa ☐ Master Card ☐ Amex ☐ Discover
Card # _____
Exp. Date _____
Name on Card _____
Cardholder's Address _____
_____

Subtotal	$0.00	
Shipping*		
8.25% Tax if shipping to Calif**		
Order Total	$0.00	

Reset Submit

*Free Shipping on orders Subtotaling over $100.
$9.95 Shipping on orders less than $100
**Please provide Tax Exempt Certificate with order to avoid Tax for CA shipping addresses

Signature: _____ Date: _____

Please fax form to 1-619-881-0044