

# Order Form

Please fill out this simple form to place your TAVi Health order. The information that you provide below will allow us to process and ship your order quickly! For even speedier service, visit [tavihealth.com](http://tavihealth.com) and place your order online with a credit card. As always, if you have questions, please call us at 888.491.1625 or e-mail [twist@tavihealth.com](mailto:twist@tavihealth.com).



## Billing & Shipping Information Please tell us who to bill and where to ship.

### Billing Information

Company Name: \_\_\_\_\_

Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Shipping Information [ Check if same as Billing]

Company Name: \_\_\_\_\_

Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Order Information Please tell us about the product(s) you are purchasing and how you'd like to pay.

Campaign Title (i.e. Brand New U - e-option)	Quantity	Price	Total

### Payment Information:

Check Enclosed payable to TAVi Health (Fed ID # 11-3808799)

Bill my organization PO # \_\_\_\_\_

Signature: \_\_\_\_\_

VISA or  MasterCard Exp. Date: \_\_\_\_/\_\_\_\_

3 Digit Code: \_\_\_\_\_ Account #: \_\_\_\_\_

### Order Subtotal

Shipping/Handling (6% or \$8 minimum)

Sales Tax (Iowa Only/6%)

**TOTAL**

## Phone or Fax

Thank you for placing your order with TAVi Health! Please call us at 888.491.1625 to complete your order or fax this form to 515.232.3005. You may also mail your form to TAVi Health, 2730 Kellogg Avenue, Ames, IA 50010. All orders ship UPS.