SENIOR SHOPPING SERVICE
319 Anderson Road, Chesterfield, IN 46017
www.seniorshoppingservice.com
**(800) 334-2897**
Fax: (765) 378-7758

Date: _____ Acct/Fac ID#: _____

Your Name: _____ Title: _____

E-mail: _____

Facility Name: _____

Ship Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____

Fax: _____

*(Suggestion: For additional order forms please photocopy this form or call us.)*

***Resident's Name:*** _____ ***Marking Service*** □Yes □ No

| Qty | Item No. | Description | Size | Unit Price | Line Total |
|---|---|---|---|---|---|
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**If you have any color preferences, please note them here.**
*If you have no preference, we will fill your order with an assortment of colors and prints.*

_____

Payment Method

□ Check Enclosed □ SSS Gift Card #
□ Charge Resident's Trust Account _____
□ Credit Card: □ VI □ MC □ DS

CC# _____ Exp Date ____ / ____

Name on Card _____ Sec. Code __ __ __

Billing Address _____

City, ST, Zip _____

Phone Number (_____) _____

| | |
|---|---|
| **Net Subtotal** | |
| + YOUR STATE Sales Tax | |
| (check one) ☐ Standard Shipping charge for any order – **add $9.95** | |
| (check one) ☐ *A Facility Invoice over $500 gets – **FREE** standard shipping | |
| (check one) ☐ Alaska, Hawaii, or Puerto Rico – PLEASE CALL | |
| ☐ *Add **Oversized** Shipping Here* — *cost noted next to item in catalog* | |
| **TOTAL** | |

***Authorized Signature*** _____

*Thank you so much for your order!*