

# Order Form

## SHIP TO:

Contact Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## BILL TO:

Contact Person: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PAYMENT INFORMATION:

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Check Number: \_\_\_\_\_

*All major credit cards accepted.*

## PURCHASE ORDERS:

We accept purchase orders from schools and other institutions. Mail or fax a signed copy of the purchase order to Creative Therapy:

Creative Therapy Associates, Inc.  
7709 Hamilton Avenue  
Cincinnati, OH 45231

Fax: (513) 521-5592

Phone: (513) 522-2064

Toll Free: (800) 448-9145

Email: [Info@CTherapy.com](mailto:Info@CTherapy.com)

[www.CTherapy.com](http://www.CTherapy.com)

## List below non-custom items.

Item #	Description	Size	Quantity	Total

Subtotal: \_\_\_\_\_

Tax (Ohio Residents only add 6.5%)<sup>2</sup>: \_\_\_\_\_

Shipping<sup>3</sup>: \_\_\_\_\_

Grand Total: \_\_\_\_\_

2 Outside of Ohio do not add tax.

3. Countries outside of the US please email [info@CTherapy.com](mailto:info@CTherapy.com) and request a quote.