

Texas Occupational Therapy Association, Inc.

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Balcones Sensory Integration Screening Kit Order Form

Please include a copy of this form when submitting payment.

The cost of the Balcones Sensory Integration Kit is \$50 inclusive. Bills for purchase orders will be sent to the billing address below upon receipt of the order in the TOTAoffice. Payment must be received in the office before kits can be mailed.

Company/Institution Name _____

Contact Name _____

Email: _____

Billing Address

Street/PO Box, City, State, Zip

Shipping Address (if different from billing address):

Street/PO Box, City, State, Zip

Number of kits being ordered _____

Amount of payment included _____

If ordering by purchase order, PONumber _____

If paying by credit card (TOTA accepts Visa and Master Card only)

Credit card number _____

Card expiration date _____

Authorized signature _____

Please print cardholder's name below exactly as it appears on card

Date _____

We appreciate your business!