



TOTA
 TEXAS OCCUPATIONAL
 THERAPY ASSOCIATION, INC.

Balcones Sensory Integration Screening Kit Order Form

1106 Clayton Lane, Suite 516W

Austin, Texas 78723

www.tota.org

Phone 512-454-TOTA (8682) Fax 512-450-1777

Please include a copy of this form when submitting payment.

The cost of the Balcones Sensory Integration Kit is \$100 inclusive. Bills for purchase orders will be sent to the billing address below upon receipt of the order in the TOTA office. Payment must be received in the office before kits can be mailed.

(Please print or type all information)

Company Name: _____

Contact Person: _____

Billing Address: _____

Shipping Address (if different from billing address): _____

Telephone: _____ FAX: _____

Email: _____

Number of kits being ordered: _____

Amount of payment included: _____

Payment

Check # _____ Please send to TOTA Mailing Address below

Purchase order, PO # _____ Please send to TOTA Mailing Address below

Master Card Visa May be faxed to number below

Card Number: _____ Expiration Date: _____

Amount: _____ 3 Digit Security Code on card back: _____

Cardholder's Signature: _____

Cardholder's name exactly as it appears on credit card: _____

Cardholder's Billing Zip _____

We appreciate your business!

**Mail this form with payment to:
 TOTA, Inc., 1106 Clayton Lane, Suite 516W, Austin, Texas 78723
 OR fax to 512-450-1777**

FOR OFFICE USE ONLY

Amount \$ _____ Date Received _____ Paid by _____

Check Number _____ Credit Approval # _____