ORDER FORM

Please list the correct item number, description, size, color and quantity for each item. Make checks payable to AdOne. Fax orders to 570-286-7035 or mail to address below. Please contact Scott Weir with any questions at sweir@addone.com or (877) 988-0222.

LAUREL HEALTH SYSTEM

SHIP ORDER TO:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

PAYMENT METHOD:

❑ Check ❑ Credit Card ❑ MC ❑ VISA ❑ AMEX ❑ DISC

Card #: _____

Expiration Date: _____

Item #	Description	Color	Size	Qty	Price	Total