

## Octaband Order Form

To order an Octaband™, please fill out this form and mail with payment to:

Octaband, LLC  
 137 Wiswall Rd  
 Newton, MA 02459

**For international purchases, please e-mail donna@octaband.com for shipping and handling charges.**

Item Description	Quantity	Total
<b>8 Leg Octaband @ 54.99 USD</b>	#	\$
<b>16 Leg Octaband @ 87.99 USD</b>	#	\$
<b>Subtotal:</b>		\$
Shipping and Handling <b>within U.S.</b> , add 10%. Shipping and Handling for non-U.S. purchases, e-mail donna@octaband.com		\$
Massachusetts residents add sales tax, 5% of subtotal		\$
<b>TOTAL</b>		\$

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

Billing/Payment Information - Check one:

Check  Money Order \_\_\_\_\_

Credit Card Type: Visa  Mastercard  American Express  Discover

Credit Card Number: \_\_\_\_\_

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

Card Security Code: \_\_\_\_\_ (The 3 digit number on the back of the card; or 4 digit number on front for Amex)

Name on Card: \_\_\_\_\_

**Billing Address** associated with credit card:

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

Street: \_\_\_\_\_

Street: (Line 2) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Shipping Address: (if other than Billing Address)

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

Street: \_\_\_\_\_

Street: (Line 2) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

If you are purchasing for a tax exempt institution in Massachusetts, please send a copy of your Tax Exempt Certificate along with the order form and payment.

Thank you for your order.

Please let us know how you heard about the Octaband?  mail  conference  colleague  
 publication  other (please explain) \_\_\_\_\_.