

Accessory Mail Order Form

 **SELECT YOUR ACCESSORIES:**

Item	Price Each	Quantity	Total Price

 **SPECIAL OFFERS:**

Offer Code: _____

<p align="center">SHIPPING CHARGES</p> <p>USA orders under \$30 \$6.95</p> <p>USA orders over \$30 FREE</p> <p>CANADA \$9.95</p> <p>INTERNATIONAL \$31.95</p>	Subtotal:	
	Shipping: (See chart at left)	
	GRAND TOTAL:	

 **SHIPPING ADDRESS:**

Name

Address

City, State, Zip

Phone

Email

 **PAYMENT INFO:**

Check or Money Order Enclosed
(made out to **MDHearingAid, Inc.**)

Credit Card (circle one)



Credit Card Number

Exp. Date CVC/CCV # (3 or 4 digits)

 **BILLING ADDRESS:**


Same address as shipping info

Name

Address

City, State, Zip

All payments must be made in U.S. dollars.

 **MAIL ORDER FORM TO:**
MDHearingAid, Inc.
26329 Network Place
Chicago, IL 60673-1263