

ABabyOutlets

a division of HealthCheck Systems, Inc. 4802 Glenwood Rd.

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Mail or FAX Order Form

Date:

Billing Information:			Shipping Information:		
Name:			Name:		
Company:			Company:		
Address:			Address:		
City:			City:		
State:			State:		
Postal Code:			Postal Code:		
Country:			Country:		
Phone:			Phone:		
FAX:					
Email:					
Payment Information:					
Credit Card Type: 🔲 VISA 🔲 MasterCard 🔲 American Express 🔲 Discover					
Credit Card Number:					
Credit Card Exp	oiration Date:		Credit Card Security code:		
Item #	Color/Option	Description	Qty	. Price Each	Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Subtotal					\$
Shipping Charges (please click here to calculate shipping charges)					\$
Sales Tax (please add 8.875% for New York State deliveries)					\$
Grand Total					\$