



# ORDER FORM

DATE:

4600 E Conant Street, Long Beach, CA 90808

Phone: (800) 355-2762

Email: [ordermanagement@humantouch.com](mailto:ordermanagement@humantouch.com)

**BILL TO**

**SHIP TO**

Check if **BILL TO** and **SHIP TO** are the same

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**EMAIL ADDRESS (REQUIRED)**

\_\_\_\_\_

PRODUCT NAME	PRODUCT COLOR	QTY	UNIT PRICE	TOTAL
				\$
				\$
				\$
				\$
<b>TOTAL</b>				\$

Please notate below if you would like us to give you a quote for White Glove Shipping and/or an Extended Warranty, or if you would like more information on our financing options.

White Glove Shipping	<input type="checkbox"/>
Extended Warranty	<input type="checkbox"/>
Interested in Financing Options	<input type="checkbox"/>

Credit Card#: \_\_\_\_\_

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

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

Cardholder's Signature: \_\_\_\_\_

Upon completion, please email this form to [ordermanagement@humantouch.com](mailto:ordermanagement@humantouch.com), along with your eligibility forms.

If you have any customer service related questions about this purchase order, contact our Customer Experience Department: 800.355.2762 or [csadmin@humantouch.com](mailto:csadmin@humantouch.com)