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[www.humantouch.com](http://www.humantouch.com)

COMMUNITY CARE  
PROGRAM  
**ORDER FORM**

**DATE:**

**BILL TO:**

**SHIP TO:** *Check if same as BILL TO*

PRODUCT NAME	COLOR	QTY	PRICE
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*Tax and Shipping will be added where applicable*

**TOTAL:**

Check if you would like a **quote** for:

WHITE GLOVE DELIVERY

EXTENDED WARRANTY

Would you like information on our **financing options?**      **YES**      **NO**

Pressing Submit will open a new email with this form attached. **Please attach eligibility documentation before sending.** See eligible documentation at: [www.humantouch.com/communitycare](http://www.humantouch.com/communitycare)