

RALSTON GROUP ORDER FORM

Phone: 334 -875-2269, Fax: 334-875-2221, Out of state call 1 -800-867-3726.

Company Name: _____

Name: _____ Phone #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Visa/Master Card
Credit Card: _____ - _____ - _____ - _____ Exp. Date: _____

Is Credit Card bill to address same as above: YES NO (List Below)

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

How did you hear about us? Internet Friend Store TV Radio AM/FM
 Mailing/Info Request Show Doctor/Physician
 Nurse Pratictioner Physical Therapist Other

| <u>FPT Pricing</u> | | |
|---------------------------|-------|----------|
| \$79.99 | | |
| Standard, Small or Petite | | |
| FPT | QTY @ | Amount |
| • Standard Unit | _____ | \$ _____ |
| • Small Unit | _____ | \$ _____ |
| • Petite Unit | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Shipping & Handling | | \$10.00 |
| Via FedEx Ground | | |

| <u>MPT Clinical Pricings</u> | | |
|-------------------------------------|-------|----------|
| \$109.99 | | |
| Additional Weights \$14.99 each | | |
| MPT | QTY @ | Amount |
| • Complete Unit | _____ | \$ _____ |
| • Small Disc | _____ | \$ _____ |
| • Larger Disc | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| • _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Shipping & Handling | | \$10.00 |
| Via FedEx Ground | | |

Total Amount of This Order: \$ _____

Shipping Note: We will charge you the actual charges of shipping and no more. If you must know the exact amount you will need to call before mailing this form. 334 -875-2292