

Please print form off your printer. (Orders may also be placed through the shopping cart).  
Place your order by mail, email or telephone.

**Caregivers Aide, LLC**

1035 Indian Drive  
Auburn, Pa. 17922

Phone: (570)739-0908  
e mail: karen@caregiversaide.com  
Hours: 8 am to 8 pm EST  
**www.caregiversaide.com**

**Made in USA**



	Quantity	Product Code	Description	Pattern (choose 2)	Size	Price	Extension
	Example	Example	Example				
	2	BSCV-10	Bed Sled - 10 handles			59.99	119.98
1							
2							
3							
4							
5							
6							
						Sub Total	
		Shipping Flat Rate USA \$10.95				Shipping	
		Shipping to USA only					
						Grand Total	

**Method of Payment** Check or money order enclosed \_\_\_\_\_ Make checks payable to: **Caregivers Aide, LLC**

**Credit Card** \_\_\_ VISA \_\_\_ Master Card \_\_\_ Discover \_\_\_ Amex

**Credit card number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Name as it appears on card** \_\_\_\_\_ **Security code** \_\_\_\_\_

(Security code is the 3 digit, non-embossed number printed on the signature panel on the back of the card)

**Ordered by:**

\* Name \_\_\_\_\_  
\* Address \_\_\_\_\_  
\* Address \_\_\_\_\_  
\* City \_\_\_\_\_  
\* State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\* Contact Person \_\_\_\_\_  
E Mail \_\_\_\_\_  
Phone (In case we have questions about your order) \_\_\_\_\_  
\* Daytime \_\_\_\_\_  
\* Fax \_\_\_\_\_

**Ship to: (if different from ordered by)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_  
E Mail \_\_\_\_\_  
Phone \_\_\_\_\_  
Daytime \_\_\_\_\_  
Fax \_\_\_\_\_

**Mail or email completed form to Caregivers Aide, LLC, 1035 Indian Drive, Auburn, Pa. 17922**

**or call 570-739-0908, 9 am to 8 pm EST**

\* Required fields.

Updated May 2020