

Kit Order Form



Sharper Mind Centers, Inc.
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Beaverton, OR 97006

Ph: 503-641-5707
Fax: 503-641-5807
Toll Free: 1-866-HELP-A.D.D.

www.SharperMindCenters.com

Buyer's Information (same as Credit Card billing information):

Name _____

Company/Organization (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Shipping Address (if different from above - UPS will not deliver to P.O. Boxes):

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Indicate Kit Type and Preferred Payment Option:

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Premium Kit: \$1290.00 + \$37.00 s/h = **\$1327** total or

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Three Payment Option: \$539.00 down plus 2 payments of \$399.00 (\$1337 total)

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Basic Kit: \$995.00 + \$37.00 s/h = **\$1032** total or

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Three Payment Option: \$449.00 down plus 2 payments of \$299.00 (\$1047 total)

Method of Payment

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Check - Make checks payable to Sharper Mind Centers, Inc. If you opt for the payment plan, include 3 checks, one for the down payment and two post-dated checks for the monthly payments. Post-date one of these 30 days from the down payment date, and the last payment 30 days later.

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Credit Card - card will be charged on the day the kit is shipped. The two monthly payments will be processed automatically at one month intervals from then.

Name on Card _____

Card No. _____ Exp. Date _____

Verification Digits (3 digits to the right of your signature on the back of the card) _____

Signature _____ Date _____