



**Cognitive Technologies Corp.**

4884 Cloister Dr.

Rockville, MD 20852

# Order Form

**Ph:(800) 335-0781**

**Fax: (301) 581-9653**

**www.cogtech.com**

Date: \_\_\_\_\_

PO# \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Billing Address if Different:***

Name: \_\_\_\_\_

School/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<u>ID#</u>	<u>Name</u>	<u>Qty.</u>	<u>Price</u>	<u>Total</u>
			Subtotal	
			MD Tax (5%)	
			Shipping & H	
			TOTAL	

Heard about CTC/Product: \_\_\_\_\_

Authorization # \_\_\_\_\_

Credit Card: VISA MasterCard

Card # \_\_\_\_\_

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

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

**Shipping & Handling**

Home -- \$4.95

School -- \$6.95

Labs -- \$8.95

Call for others.