

ZBaby Gear

ORDER FORM

Order Date: _____

Customer Name: _____

Customer Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Colorado Contact Phone: _____

Email Address: _____

Start Date/Time: _____ End Date/Time: _____

Product will be used locally Product will be used for traveling

Address where product will be used if different than customer address:

City: _____ Zip: _____

Accommodation Type: Hotel House Condo/Apt Other _____

How did you find out about Z Baby Gear? _____

Delivery Contact: (if different than customer name listed above)

Name: _____ Phone: _____

Delivery: Deliver to local address shown above N/A Customer will pick up

QTY	TIME	DESCRIPTION	PRICE

NOTES / SPECIAL INSTRUCTIONS:

SUBTOTAL: _____

TAX: _____

DELIVERY: _____

TOTAL: _____

_____ By initialing here, I agree to the price, time periods and other provisions of this Agreement, including the content of the Supplemental Special Terms and Release of Liability form.

_____ By initialing here, I authorize Z BABY GEAR LLC to bill my Credit Card for any loss or damage to products and to bill my card for rental fees unless another form of payment has been arranged for.