



2020 MOBILITY CART ORDER FORM

PLEASE PRINT OR TYPE INFORMATION	
Name	Credit Card #
Company Name	Exp. Date Sec. Code
Billing Address	
City	Email
State Zip Code	
Phone #	Returning NightlyKeeping Overnight
Pick Up Day & Date	Return Day & Date
	# of Days X \$40.00 Sub Total
	5% Handling Fee
	TOTAL
	Signature
MasterCard, Discover & American Expre	m. Marshall Robinson & Associates accepts cash, checks, Visa,ss. There will be a 5% Handling Fee for non cash orders.tice in order to receive any refund of amounts rendered.
Marshall Rob	oinson & Associates
P.O. Box 206	5, Naples, TX 75568
·	897-2091
toni@n	nr-assoc.com
Notes:	
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