

# Directions for Acquiring Quotes / Placing An Order

You will need a manufacturer's catalog in order to get a quote or place an order.

- 1) Complete a copy of the **AT:LAST, Inc. Quote/ Order Form** shown below. Circle the word **Quote** if that is what you are seeking. Circle the word **Order** if you have previously acquired a quote and are now including a check for your order.
- 2) Send this form to the Maryland Assistive Technology Co-op by:
  - ⇒ **E-mail:** **purchasing@matcoop.org** at any time, day or night
  - ⇒ **Fax:** **410-290-1012** ONLY between the hours of 9 am and 9 pm EST  
(Please respect the listed hours; the fax machine is in a private home)
  - ⇒ **Mail:** **AT:LAST, Inc., P.O. Box 428, Savage, MD 20763**
- 3) The Co-op will research the best price for your desired product based on current bids and will contact you with the total price quote, including tax and shipping.
- 4) Make check or money order payable to AT:LAST, Inc. (**NO cash, credit, or medical assistance**)

*Your order will be placed when payment is received.  
Please allow 2 - 6 weeks for delivery to your shipping address.*

## AT:LAST, Inc. Quote / Order Form

*See directions above.*

Your Name \_\_\_\_\_ Day phone \_\_\_\_\_

Your email \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Shipping information (if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Name of Device/Software \_\_\_\_\_

Manufacturer or Name of Catalog \_\_\_\_\_

Catalog Page Number \_\_\_\_\_ Catalog Item # \_\_\_\_\_ Catalog Price \_\_\_\_\_

Indicate (if applicable) Macintosh or PC version: \_\_\_\_\_

Color \_\_\_\_\_ Size \_\_\_\_\_

(To Be Verified By The Co-op) Co-op Price Quote \_\_\_\_\_

**Please attach additional sheet to list more items.**