



LifeLink Order Form

NOTE: Prices are effective through April 30, 2012.

To complete this form, write legibly in the space provided. For questions, or to order by credit card over the phone, please contact customer service at 877-837-0779 or direct at 610-410-7508. If you're reading this as a paper document you can re-print it from this link: www.CallForAssistance.com/orderform

If paying by check, please make checks payable to “**Matrix Interactive LLC**” for the amount computed in **STEP 3** on Line Number 11. If paying by credit card with this form, please refer to **STEP 4** for instructions. Once completed, send this form and payment to the following address:

Matrix Interactive LLC
One Meredith Circle
Thornton, PA 19373

STEP 1: NAME, ADDRESS, AND PHONE OF PERSON ORDERING

For the person completing and mailing this form, please provide your name, address, and phone number.

Your Name: _____

Your Address: _____

Your City: _____ Your State: _____

Your Zip Code: _____ Your Phone: _____

Your Email (if applicable): _____

STEP 2: NAME, ADDRESS, AND PHONE OF PERSON TO RECEIVE LIFELINK

Please provide the name, address, and phone number of the person who is to receive the LifeLink system. If this person is the same as **STEP 1** above, please write the word “*SAME*” in this section.

Ship To Name: _____

Ship To: Address: _____

Ship To City: _____ Ship To State: _____

Ship To Zip Code: _____ Ship To Phone: _____

Email (if applicable): _____

Phone System to Be Used (e.g. traditional Verizon, Comcast, etc) _____

STEP 3: ORDER INFORMATION

Please place an “X” in the check box provided which corresponds to the item(s) you wish to order. Be sure to write in the quantity you would like in the “**QTY**” column, and compute the extended price (Quantity x Price) in the “**Extended Price**” column. Then, compute the “**Total Charge**” on Line Number 11. Be sure to include the required “Shipping & Handling” charge noted.

