

PURCHASE ORDER FORM

CUSTOMER INFORMATION

SOLD TO

Organization: _____
 Attention: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

SHIP TO

Organization: _____
 Attention: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

PAYMENT INFORMATION

PAYMENT TYPE

- Check enclosed for: \$ _____
- Bill us "Net 30 days"
- Pay by credit card

CREDIT CARD INFORMATION

- Visa Mastercard Amex Discover
- Card #: _____ Exp. Date: _____
- Name on card: _____
- Signature: _____

ORDER INFORMATION

MODEL	QTY	PRODUCT	COLOR	SIZE	UNIT PRICE	TOTAL PRICE

CONFIRMATION

- This confirms a phone order
Name of salesperson: _____
- I have ordered from 4md medical before
- Notify me before delivery(may incur additional charges)
Phone: _____

AUTHORIZATION

Name: _____ Title: _____
 Signature: _____ date: _____
 Po#: _____