

Medical Supplies Depot

ORDER FORM

We require no minimum order, and we offer free freight on non-bulk orders totalling more than \$350.

DATE		PURCHASE ORDER #	
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CUSTOMER INFORMATION

Account # (if open account)		Company Name	
Contact Name		Contact Telephone	
Billing Address		Shipping Address	
Billing Address 2		Shipping Address 2	
City		City	
State	Zip	State	Zip

ITEM CODE	DESCRIPTION	U/M	PRICE	QUANTITY	EXTENDED PRICE

SHIPPING	<input type="radio"/> UPS Ground <input type="radio"/> 2nd Day <input type="radio"/> Next Day	REQUESTED DELIVERY DATE	
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Note: Orders must be placed by 3:00 p.m. Central Time for same day shipment.

PAYMENT	<input type="radio"/> Open Account <input type="radio"/> Credit Card <input type="radio"/> Check	CREDIT CARD INFORMATION	Card #
			Expiration
			Verification #

Note: If you would like to open an account, please download and complete the accompanying Credit Application.

To place this order, print this Order Form and fax it to (800) 329-2987, or e-mail your completed Order Form to customer.service@msdepot.com.