



Order Form

Toll Free Nationwide:
1-800-890-3092

Toll Free Fax Nationwide:
1-800-971-7277

Corporate Office: PO Box 8023 Dublin, OH 43016-2023

Account Number: _____

"SHIP TO" MUST BE ENTERED IF DIFFERENT THAN "BILL TO" ADDRESS

<p>* BILL TO:</p> <p>Name _____</p> <p>Address (P.O. Box) _____</p> <p>_____</p> <p>City _____</p> <p>County _____ State _____ Zip _____</p>	<p>* SHIP TO:</p> <p>Name _____</p> <p>Street Address _____</p> <p>_____</p> <p>City _____</p> <p>County _____ State _____ Zip _____</p>
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Purchasing Agent: (Please Print) _____

*Name: _____ Authorized Signature: _____

P.O. #: _____ Daytime Phone: () _____ Fax: () _____

*Must be completed to process order

Please submit payment voucher (if applicable) with order.

Catalog Number	Quantity	Unit of Measure	Description	Unit Price	Total
Subtotal					
(Please contact CS for shipping & handling charges) Shipping & Handling					
(Please add your applicable state and local sales and use taxes) Tax					
Total					

Visa
 MasterCard
 AmEx
 Discover

Credit Card No. _____

Name (as it appears on card) _____

Expiration Date _____

Card Holder's Signature _____

Card Holder's Phone Number () _____

Card Holder's Fax Number () _____

Credit Card Billing Zip Code _____

METHOD OF PAYMENT

Net 30 Days on Approved Credit
 Approved Credit Card
 Money Order (NO PERSONAL CHECKS)

CREDIT TERMS: Government agencies and municipalities may purchase on open account. All others may apply for open account status by completing the Credit Application. Pricing and product availability subject to change without notice. NET 30 DAYS FROM SHIPPING DATE FOR APPROVED ACCOUNTS ONLY. (Includes Partial Shipments)
 All Original Invoices: Shipped F.O.B. Origin.

Purchasing some products may require authorization from your local Medical Authority. Refer to the information found on the Prescription Drug & Device Authorization form, or contact Customer Service at 800-890-3092.