



MEDICAL

Order Form

PO Box 188, Deep River, CT 06417
VISIT: www.pcimedical.com

CALL: (800) 862-3394 FAX: (866) 271-5982
EMAIL: info@pcimedical.com

Bill to: (Account ID : _____)

Ship To: (only if different from "Bill to")

(If your address is a PO Box, please give street for UPS)

Phone #: _____

Fax #: _____

For Department: _____

Email: _____

Ordered By: _____

Date : _____

Purchase Order #: _____

Tax ID #: _____

[Required for International & Exempt Orders]

Signed: _____

Payment Terms: Net 30 except for credit card orders. Shipping terms: PP&A

Quantity	Item #	Description	Price each	Total

NOTES:

Shipping & Handling
Sales Tax: delivery to
CT add 6.35% : PA add 6%
Philadelphia add 8%
Allegheny Co. add 7%

The Internet is not secure. For your own protection, please do not email forms with credit card information. Fax your order to us toll free at 866-271-5982

TOTAL

VISA MASTER CARD AMERICAN EXPRESS

<input type="text"/>	<input type="text"/>
Card #	Exp. Date
Print Name: _____	Street #: _____
Signature: _____	Zip Code: _____
	Security Code: _____

All shipments are sent either USPS, truck freight or UPS. If you require Express Delivery - Select either Overnight, Second Day or Third Day:

Express Overnight

Express 2nd Day Air

Express Three Day