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Rehab Equipment & Supplies

Fax Order Form

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www.advantagemedical.com

NAME _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
PH# _____ FAX _____
EMAIL* _____
*For order confirmation & tracking information

SHIP TO:
NAME _____
ADDRESS _____
CITY _____ STATE _____
ZIP _____ PH# _____

SOURCE CODE : 507001

ITEM #	QTY	DESCRIPTION	COLOR	SIZE	PRICE	TOTAL

BILL TO:
◯ CREDIT CARD # ON FILE _____
LAST 4 DIGITS _____ CSV (SECURITY CODE) _____ EXP. DATE _____
◯ BILL ACCOUNT
◯ CALL FOR CREDIT CARD #

SIGNATURE _____

SUBTOTAL	
**TAX	
***P&H	
TOTAL	

**Residents tax includes AZ, CA, FL, GA, IL, IN, IA, KY, MN, NJ, OH, SC, SD, TX, WA & WI. ***Shipping will be calculated and applied accordingly.
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