Pro-Med Products

Fax Order Form

Fax Orders to (888) 674-4380

www.promedproducts.com

NAME _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PH# _____ FAX _____

EMAIL* _____

*For order confirmation & tracking information

SHIP TO: NAME _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PH# _____

SOURCE CODE : 514001

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 CA, GA, MN, IL, WI, FL, IA, TX & SD. ***Shipping will be calculated and applied accordingly. Order Online: www.promedproducts.com