ORDER SHEET FA

CONTACT

CREDIT/DEBIT/ACH

CUSTOMER: COMPANY: REP:		Name on Card: Card #: Expiration:							
					PHONE:		Zipcode:		
					EMAIL:		SHIPPING, HANDLING	G, & EX	<u>XTRAS</u>
					<u>ITEM</u>	QT PRICE	ONLINE/TELEPHONE/EM	ONLINE/TELEPHONE/EMAIL/IN PERSON	
		WAIVER ON FILE:	Y	N					
		PREVIOUS CLIENT:	Y	N					
		OPT IN CARD ON FILE:	Y	N					
		OPT IN FOR EMAILS:	Y	N					
		PRESCRIPTION NEEDED:	Y	N					
		SERIAL#:							
		SERIAL#:							
		ADDITIONAL COMMENTS:							
Tax: Y / N									
Shipping Cost:									
TOTAL CHARGE:		FEDEX/UPS/USP/EMAIL							
PAYMENT PLAN/ FULL/ PARTIAL		ADULT SIGNATURE :	Υ	N					
TERMS:		RUSH SHIPPING:	Υ	N					
BILLING ADDRESS		SHIPPING ADDRESS							
ADDRESS:		ADDRESS:							
CITY:		CITY:							
STATE:		STATE:							
ZIP CODE:		ZIP CODE:							