



Order Form

Toll Free Nationwide:
1-800-533-0523

Toll Free Fax Nationwide:
1-800-257-5713

Submit Orders to the Corporate Office: PO Box 8023 Dublin, OH 43016-2023
Payment Remittance Address: 23537 Network Place, Chicago, IL 60673-1235

Account Number _____

SHIP TO MUST BE ENTERED IF DIFFERENT THAN BILL TO ADDRESS

* BILL TO:		* SHIP TO:	
Name _____	Address (P.O. Box) _____	Name _____	Street Address _____
City _____	County _____ State _____ Zip _____	City _____	County _____ State _____ Zip _____

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 Customer Service for shipping & handling charges) Shipping & Handling					
(Please add your applicable state and local sales and use taxes) Tax					
Total					

METHOD OF PAYMENT

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

*If paying by credit card, please contact Customer Service at 800.533.0523.

CREDIT TERMS: Government agencies and municipalities may purchase on open account. All others may apply for open account status by completing the Account 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 800-533-0523.