Medical Supplies Depot

ORDER FORM

We require no minimum order, and we offer free freight on non-bulk orders totalling more than $350.

Date		Purchase Order #	

Customer Information			
Account # *(if open account)*		Company Name	
Contact Name		Contact Telephone	
Billing Address		Shipping Address	
Billing Address 2		Shipping Address 2	
City		City	
State	Zip	State	Zip

Item Code	Description	U/M	Price	Quantity	Extended Price

Shipping	○ UPS Ground ○ 2nd Day ◉ Next Day	Requested Delivery Date	

Note: Orders must be placed by 3:00 p.m. Central Time for same day shipment.

Payment	○ Open Account ○ Credit Card ○ Check	Credit Card Information	Card #
			Expiration
			Verification #

Note: If you would like to open an account, please download and complete the accompanying Credit Application.

To place this order, print this Order Form and fax it to **(800) 329-2987**, or e-mail your completed Order Form to ***sales@msdepot.com***.