

Ship To

Bill To

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____
 E-mail _____

Name _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____
 E-mail _____

*We do **not** ship to APO and PO Box addresses!*

Name and address of Credit Card billing information

Item No.	Product Name	Unit	Qty	Price	Total

Mailing Address	Email or Fax
Medical Supply Depot Attention: Sales Department 1702 47 th Street Brooklyn, NY 11204	sales@medicalsupplydepot.com or (718) 228-9101

Sub Total	
Shipping (orders below \$75=\$9.95)	
Merchandise Total	
Sales Tax (NY, CA, MA, FL)	
Grand Total	

Methods of Payment


 
 
 
 Check Money Order

Credit Card No. _____ Expiration Date _____

Cardholders Signature _____ Today's Date _____

CVV2 Code _____



Make check or money order payable to: Medical Supply Depot
 Orders paid by check may be delayed for up to one week to allow for the funds to completely clear.
 Returned checks are subject to a minimum fee of \$25.00.

Thank you for your order!