Phlebology & Lymphology Order Form

medi

Fax order to 1-888-570-4554• email orders@mediusa.com

Account Number ____________________ _________________Order Date__________________________P.O.# _______________________________

Customer Contact____Customer Phone #____

Bill to: ____ Ship to:____

____ ____

____ ____

ITEM NUMBER if 4 digit, be sure to complete "Category" column also	COLORS All orders	CATEGORY only use if it is a 4 digit item #	I (S) (OTC XS)	II (M) (OTC S)	III (L) (OTC M)	IV (XL) (OTC L)	V (XXL) (OTC XL)	VI (OTC XXL)	VII (OTC 3XL)	VIII (OTC 4XL)	(OTC 5XL)	TOTAL UNITS	LIST PRICE	EXTENDED PRICE
PAGE 1 TOTALS														
DISCOUNT ON THIS ORDER ONLY														
PAGE 1 TOTAL AFTER DISCOUNT														

Signature: ____

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