

Armstrong Medical Order Form

575 Knightsbridge Parkway • P.O. Box 700 • Lincolnshire, IL 60069-0700
847/913-0101 • 800/323-4220 • FAX: 847/913-0138

A service charge of \$20.00 will be added to orders under \$100.00.

Payment terms are net 30 DAYS upon receipt of valid purchase order from government facilities, hospitals, and other institutions with credit approval. VISA and MASTERCARD orders gladly accepted.

BILL TO:	SHIP TO:
Name _____	Name _____
Title _____	Title _____
Organization _____	Organization _____
Street _____	Street _____
City _____	City _____
State _____ ZIP Code _____	State _____ ZIP Code _____
Phone _____	Phone _____
Fax _____	Fax _____
Is the above address new? <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Delivery Instructions _____
I have ordered from Armstrong before: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PURCHASE ORDER # _____ CUSTOMER CODE # _____

Quantity	Catalog Number	Description	Price Each	Total Price

When paying in advance, please call 800/323-4220 and ask our Customer Service Staff for the correct tax and shipping charges.

Visa MasterCard

Credit Card # _____ Exp. Date _____

Name as it appears on card _____

Signature _____

Print Name _____

Title _____ Date _____

MERCHANDISE TOTAL	
AMOUNT FOR TAX*	
SHIPPING CHARGES	
TOTAL	

***IF TAX EXEMPT, PLEASE ATTACH A COPY OF YOUR CERTIFICATE.**

