

Ship To	Bill To
Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____
E-mail _____	E-mail _____
<i>We do not ship to APO and PO Box addresses!</i>	<i>Name and address of Credit Card billing information</i>

Item No.	Product Name	Unit	Qty	Price	Total

Mailing Address	24 Hour Fax	
The Medical Supply Depot.com Attention: Sales Department 1702 47 th Street Brooklyn, NY 11204	(718) 228-9202	Sub Total Shipping (See Policies on website) Merchandise Total NY Sales Tax - 8.376% Grand Total

Methods of Payment

Check Money Order

Credit Card No. _____ Expiration Date _____

Cardholders Signature _____ Today's Date _____

CVV2 Code _____

3 digit code

VISA/MC/DISCOVER

4 digit code

AMEX

Make check or money order payable to: The Medical Supply Depot.com
 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!

By placing an order, whether online, by fax, mail or by telephone, you confirm that you have read, understand and agree to all The Medical Supply Depot.com terms and policies listed on our website's policy's page.