ORDER FORM

Phone Orders To: Customer Service Dept.
(800) 933-7334
Fax Orders To: Customer Service Dept.
(877) 367-7759

Mail Orders To: P.O. Box 550773
Jacksonville, FL 32255-0773
E-Mail Orders To: sales@quadmed.com

Billing address: _____ Phone # _____
_____ Fax # _____
_____

Shipping Address: _____ Phone # _____
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_____

Purchase Order # _____ **Purchaser's Signature** _____

Qty	Product #	Description	Unit Price	Extended Price
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Sub-Total ----------
Applic. Sales Tax ----------
Freight * ----------
Total ----------

Method of Payment: **Check** **Visa** **MasterCard** **American Express**

Card # _____ Expiration Date _____
Name (Please Print) _____
Signature _____