

# ORDER FORM



Email: mediscript30@yahoo.ca  
 Phone: (toll free) 1 800 773 5088  
 Fax: (toll free) 1800 639 3188

**Ship to:**

**Imprint information**

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**Bill to: (if different from above)**

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**PO#** \_\_\_\_\_  
**Email** \_\_\_\_\_

**Contact** \_\_\_\_\_  
**Tel#** \_\_\_\_\_

Title:	Quantity:	Unit Cost:	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Terms 2% net 30 \* 5% pre payment \* Freight prepaid if order over \$200.00  
 Discounts: 40% / \$200.00 \* 50% / \$400.00 \* 60% / \$600.00  
 Visit us at [www.mediscript.net](http://www.mediscript.net)

\_\_\_\_\_ **Total:**  
 \_\_\_\_\_ **Tax:**