Please Print or Type All Information on Order Form

ORDER FORM #46

EMERGENCY MEDICAL PRODUCTS, INC.

1711 Paramount Court • Waukesha, WI 53186
800.558.6270 • Fax 800.558.1551 • Local Fax 262.513.5768

Date _____ **E-mail** _____

BILL TO

Company Name _____

Address _____

City _____ **State** _____ **Zip** _____

Purchase Order No. _____

Check if Above Address is New **Tel.** _____ (Area Code) (Number)

Ordered by: _____

SHIP TO

Fill in only if different than "Bill To"

Customer No. _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Ship Attn. _____

Special Delivery Instructions: _____

_____

Quantity	Catalog Number	Description	Price Each	Total Price
		NO REFUND ON RETURNED MERCHANDISE, CREDIT ONLY ***Thank you!***		

VISA | MASTERCARD AMERICAN EXPRESS _____

Exp. Date:

Card No. _____

Card Zip Code _____

Name _____

Signature _____

SUB-TOTAL	
FREE GROUND SHIPPING ($10.50 Handling fee will be charged on any order under $150.00) Customer is responsible for shipping charges to Alaska, Hawaii, and Puerto Rico	
ADD YOUR STATE TAX IF YOU ARE A TAXABLE ENTITY IN THE STATES OF CA, FL, IA, IN, MI, MN, NJ, SD, or WI only	
TOTAL	