ORDER FORM

UPC MEDICAL SUPPLIES, INC.

317 S. San Marino Avenue, San Gabriel, CA 91776 U.S.A

Order Desk: (800)790-4888 Info: (626)285-1600 Fax: (888)460-7269 (626)285-0061

www.upcmedical.com e-mail: upc168@sbcglobal.net

Bill To:

Name:_____
Company: _____
Address: _____
Suite / Apt. No. _____
City, State, Zip: _____
Phone: ( ) _____
Fax: ( ) _____
Email address: _____

Ship To:

Name:_____
Company: _____
Address: _____
Suite / Apt. No._____
City, State, ZIP: _____
Phone: ( ) _____
Fax: ( ) _____

PURCHASE ORDER NUMER: _____

ITEM #	PRODUCT DESCRIPTION	QUANTITY	AMOUNT
		Subtotal:	

California Sales Tax: _____
Shipping: _____
Total: _____

Visa / Master Card American Express Discover
Card # _____Expiration Date _____ CVT Code _____
Name on Card _____
Card Holder's Billing Address:
Street _____
City _____State _____ Zip _____

Signature of Card Holder _____

We appreciate your business.