



# PURCHASE ORDER

Date	Customer No.

**Bill to:**

Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (     ) \_\_\_\_\_ - \_\_\_\_\_  
 Email Address \_\_\_\_\_

When using a credit care, please provide us with the information below.

- Visa     Master Care     American Express

Card Number \_\_\_\_\_  
 Name On Card \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ CVV Card Security Code \_\_\_\_\_  
Required on all charge orders

**Other Payment Method**

**Ship to:**

Company \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (     ) \_\_\_\_\_ - \_\_\_\_\_

**Deliver to:**

Receiving \_\_\_\_\_

**Ship Via**

Wholesale Price: Free shipping on orders of \$5,000.00 or more shipping to one location within the Continental United States.

Distributor Price: Free shipping on orders of \$7,500.00 or more shipping to one location within the continental United States.

Item#	Olimedics Stock Name	Tablets or Capsules/Unit*	How Many Units*	Price Per Bottle	Subtotal \$

\*Unit: Bottle or Box.

**Other Comments or Special Instructions**

Total \$

*Authorized Signature*