medicaleshop

Quote Request Form
Purchase Order Form

Medicaleshop Inc.
87, Danbury Road Unit I
New Milford, CT-06776

Quote / Purchase Order #	
Contact Email Address:	
Date:	

Bill To:			Ship To:		
Organization:			**Organization:**		
Name:	Title :		Name:		
Address :			Address :		
City :	State :	Zip :	City :	State :	Zip :
Telephone :	Fax :		Telephone :		

Quantity	Prod. No.	Title and Description	Unit Price	Total Price
			Subtotal	
			Shipping and handling*	
			Tax	
			Total	

If you have any questions or suggestions you can contact us by email at csteam@medicaleshop.com or directly by phone. Our toll free number 866 563 6812 Monday through Friday 8:30am to 5:00pm EST. We are anxious to serve you so please let us know how we can help.

- **CHECK PAYMENT IS AVAILABLE; TERMS ARE NET 30 DAYS FROM RECEIPT OF SHIPPING.**
- **PLEASE REMIT TO ABOVE ADDRESS, ATTN : ACCOUNTS PAYABLE**

Fax Your purchase order anytime at
Fax: 860-838-4671

* Shipping and handling is determined by our shipping calculator. Every product page has the estimated shipping cost, Discounted shipping rates is factored based on number and size of items.

Note: Federal Tax ID #'s not applicable. State Tax Exemption Form required.