



**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:

Organization:

Name: _____ Title: _____

Address :

City : _____ State : _____ Zip : _____

Telephone : _____ Fax : _____

Ship To:

Organization:

Name: _____

Address :

City : _____ State : _____ Zip : _____

Telephone : _____

Quantity	Prod. No.	Title and Description	Unit Price	Total Price

If you have any questions or suggestions you can contact us by email at sales@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.

Subtotal	
Shipping and handling*	
Tax	
Total	

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

* 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.

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

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