

ORDER FORM / QUOTE REQUEST

(1) DELIVERY DATE REQUIRED: _____ (Most stock orders ship the following business day after order & credit approval)

(2) BILLING ADDRESS:

Company: _____

Contact Name: _____

Street Address: _____

City: _____ State / Province: _____

Zip / Postal Code: _____

Country / Region: _____

Daytime Phone Number: _____

Fax Number: _____

Email Address: _____

Purchase Order #: _____

(3) SHIPPING ADDRESS (If different from #2):

Company: _____

Contact Name: _____

Street Address: _____

City: _____ State / Province: _____

Zip / Postal Code: _____

Country / Region: _____

Daytime Phone Number: _____

Purchase Order #: _____

(4) ORDER DETAILS:

Type of Product	Imprint on Product (Custom only)	Wristband Color	# of boxes (500bands)	Cost Per Box (500 bands)	Extended Cost
Sub Total					

(5) SHIPPING DETAILS:

Shipping STANDARD 3-10 business days

AIR SHIPPING 1-3 business days

Shipping Rates will be given on Confirmation.

(6) ORDER CONFIRMATION:

Please send me my order approval via:

Fax

Email

Please complete the form to its entirety and fax it back to us for further processing of your order request.

- An order confirmation will be sent via fax or email notifying you that your order request was successfully received.
- We require your authorization prior to processing your order, please sign your faxed order confirmation or indicate your approval via email.
- Once MedTech Wristbands has received your approval and payment authorization, your order will be processed.

(7) PAYMENT:

- **Credit Card Payments:** Your credit card statement will display "MedTech Wristbands" or "MedTech Wristbands USA".
- **Net 21 Payments:** We accept government purchase orders. An invoice will be sent to you via postal mail from MedTech Wristbands separate from the shipment.
- **COD Payments:** COD fee will be applied upon order delivery.



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