



MEDICAL + SURGICAL SUPPLIES
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Hours Of Operation:
 Monday - Friday, 10 a.m.- 6 p.m Saturday, 11 a.m. - 3 p.m.

FAX ORDER FORM

NAME: _____ PHONE: _____
 FAX: _____ E-MAIL: _____

SHIP TO:
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____

Quantity	Product ID	Description / Name	Unit Price	Total Cost

<p style="text-align: center;">Payment Details</p> <p> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover </p> <p>Cardholder's Name: _____</p> <p>Credit Card # _____</p> <p>Expiration Date (mm / yy): / Signature: _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: none;">Sub Total</td><td style="border: 1px solid black; width: 50px; height: 20px;"></td></tr> <tr><td style="border: none;">Shipping & Handling</td><td style="border: 1px solid black; width: 50px; height: 20px;"></td></tr> <tr><td style="border: none;">Sales Tax</td><td style="border: 1px solid black; width: 50px; height: 20px;"></td></tr> <tr><td style="border: none;">TOTAL</td><td style="border: 1px solid black; width: 50px; height: 20px;"></td></tr> </table>	Sub Total		Shipping & Handling		Sales Tax		TOTAL	
Sub Total									
Shipping & Handling									
Sales Tax									
TOTAL									
Office Use Only									

For any further questions, Please; Don't hesitate to contact us!

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