

# Customer Purchase Order Form



Attn: \_\_\_\_\_ Date: \_\_\_\_\_

30200 S.E. 79<sup>th</sup> St., Ste. 120  
Issaquah, WA 98027-8792  
Tel: 425-222-5963  
Toll Free: 888-345-4858  
Fax: 425-222-6030  
[www.quickmedical.com](http://www.quickmedical.com)

PO Number: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## QuickMedical Information Only

Order Number: \_\_\_\_\_

Sales Person: \_\_\_\_\_

Date Received Back: \_\_\_\_\_

Quick Medical Quote/Order Number: \_\_\_\_\_

### Ship To:

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Bill To:

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Accounts Payable Information:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_

Customer Reference or PO# \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Payment Information

Credit Card: Visa \_\_\_ MC \_\_\_ Disc \_\_\_ AE \_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

CVV# \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*Billing address must match the credit card billing address

\* I authorize QuickMedical to use the credit card provided to pay for goods requested.



30200 S.E. 79<sup>th</sup> St., Ste. 120  
Issaquah, WA 98027-8792  
Tel: 425-222-5963  
Toll Free: 888-345-4858  
Fax: 425-222-6030  
[www.quickmedical.com](http://www.quickmedical.com)

Requester Name: \_\_\_\_\_ Date: \_\_\_\_\_

Qty	Part Number	Description	Notes/Color	Price

Shipping: UPS Ground \_\_\_\_\_ UPS 3 Day\_\_ UPS 2 Days\_\_\_\_ UPS next Day\_\_\_\_\_

### **Return Policy**

**Return Policy:** Our standard return policy for most products is 30 days from the ship date, however, QuickMedical has over 40 thousand items featured on the website. The return policy for each product may vary. On the product page, view the return tab for the return policy related to the product you wish to purchase.

**Return Shipping:** Customer agrees to pay all return shipping charges.

**Warranty:** Factory Warranty will apply.

**Defective Items:** All defective items must be confirmed defective with the factory.

**Special ordered items:** All items that are special order are non-returnable. This will pertain to items with special color, size or alteration. Quick Medical will not be held responsible for items ordered with a special color not meeting customer requirement.

**Restock Fee:** QuickMedical does not charge a restock fee. Some manufacturers will charge a restock fee to return product, the customer agrees to pay this fee if applicable.

**Shipping:** If delivery is refused or if Shipping Company cannot deliver for any reason the customer agrees to cover any additional shipping expense.

I authorize QuickMedical to charge my credit card x \_\_\_\_\_  
Signature

(Please print this form and fax to QuickMedical at 425-222-6030)