

Customer Purchase Order Form



Attn: _____ Date: _____

30200 S.E. 79th St., Ste. 120
Issaquah, WA 98027-8792
Tel: 425-222-5963
Toll Free: 888-345-4858
Fax: 425-222-6030
www.quickmedical.com

QuickMedical Information Only

Order Number: _____

Sales Person: _____

Date Received Back: _____

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

Quick Medical Quote/Order Number: _____

Ship To:

Bill To:

Accounts Payable Information:

Company Name _____
Contact Name _____
Address: _____
City: _____
State: _____ Zip: _____

Company Name _____
Contact Name _____
Address: _____
City: _____
State: _____ Zip: _____

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.



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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)

