

# ALL SCHOOLS HAVE INSTANT CREDIT

**THE ORIGINAL**  
**Allergy Emergency Kit™**  
**EPINEPHRINE AUTO-INJECTOR STORAGE**  
*An Illinois Supply Company*

*The original institutional epinephrine cabinet - designed by an allergy parent*  
16612 W. 159th Street, Suite 201. Lockport, IL 60441  
Phone: 773-932-7483  
Fax: 815-524-4761  
www.AllergyEmergencyKit.com

## BILL TO:

Organization or Individual \_\_\_\_\_  
Attention of \_\_\_\_\_ Title \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
PURCHASE ORDER NUMBER \_\_\_\_\_ ACCT # \_\_\_\_\_

## DELIVER TO: (Only if Different Than Billing Address Above)

Organization or Individual \_\_\_\_\_ Attention of \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CATALOG NUMBER	DESCRIPTION	QUANTITY	UNIT PRICE	EXT. PRICE

*Illinois customers please add applicable 7% sales tax unless a non-profit organization*  
*For customers in the 48 contiguous states, please see the pricing tier below*  
*(Alaska, Hawaii and international customers, please call for charges).*

### SHIPPING & FREIGHT CHARGES:

- \$0 to \$100.00 ..... add \$7.95
- \$101.00 to \$300.00 ..... add \$19.99
- \$301.00 to \$600.00 ..... add \$39.99
- \$601 to \$1500.00 ..... add \$49.99
- \$1,500.00 to \$5,000.00 ..... add 99.00
- Over \$5,000.00 ..... add \$129.99 or actual charges

PAGE TOTAL	
SALES TAX (IL)	
SHIPPING CHARGES	
<b>TOTAL</b>	

If you are calling with a very large order, we welcome you to request a formal quotation. You can call 773-932-7483 or e-mail us at [illinoisupply@gmail.com](mailto:illinoisupply@gmail.com) Sign Here \_\_\_\_\_ Date \_\_\_\_\_

CATALOG NUMBER	DESCRIPTION	QUANTITY	UNIT PRICE	EXT. PRICE

PAGE TOTAL	
SALES TAX (IL)	
SHIPPING CHARGES	
TOTAL	

# All Schools Have Instant Credit

### Payment Terms

Credit Card Charged Upon Shipment or Net 30 Days with paper invoice.

### Payment Options

We accept purchase orders from public and private schools, and school based and college health centers. Invoice will follow after completion of order. Businesses and individuals should enclose a check or credit card information with order. Please make checks to Illinois Supply Company. Orders are subject to shipment upon clearance of checks.

### Shipping Methods

Most orders are shipped United Parcel Service (UPS). On large order or items too heavy to ship UPS, we will ship by common carrier truck.

### Sales Tax

Schools: No Sales Tax will be added – sales tax exemption forms may be required. Business and individuals: Sales Tax will be added in Illinois.

### Price Increase

Due to unforeseen manufacturer’s price increases or decreases, pricing is subject to change without prior notification. Illinois Supply Company reserves the right to correct typographical errors.

## ORDERING INFORMATION (Credit Card Orders)

Exact Name on Card \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone\* \_\_\_\_\_

Evening Phone\* \_\_\_\_\_

Best Time to Call \_\_\_\_\_

*\* We may need to call you with questions about your order*

-  13-16 Numbers
   15 Numbers
   16 Numbers
   13-16 Numbers

CARD #

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EXPIRATION DATE

MO				YR			

3-4 DIGIT SECURITY CODE

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SIGNATURE \_\_\_\_\_

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