239 6th Ave.
Paterson, NJ 07524
Tel: 908-486-7050
Toll Free: 866-primacare
Fax. 908-845-0290

ORDER FORM

DATE_____

Please Print Or Type All Information On Order Form

BILL TO	SHIP TO
Name_____	Name_____
Address_____	Address_____
City_____ State_____ Zip_____	City_____ State_____ Zip_____
Tel (____)_____(Fax)_____	Ship Attn:_____
E-Mail_____	Special Delivery Instructions _____
Purchase Order No._____	_____

Quantity	Item #	Description	Unit Price	Total Price

Sub-Total _____

All Prices are F.O.B. shipping point. If you have a preffered shipping method please provide the following:
Shipper_____ Account #_____

All Returns Must Be Pre-Authorized