# PHYSICIANS' RECORD COMPANY ORDER FORM

3000 S. RIDGELAND AVE. BERWYN, ILLINOIS 60402 800-323-9268

## FAX THIS FORM TO 708-749-0171

| BILL TO |
|---|
| |
| |
| |
| |

| SHIP TO |
|---|
| |
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| |
| |

| PURCHASE ORDER NO. |
|---|
| |

| ACCOUNT NUMBER |
|---|
| |

Contact Name: _____

Phone Number: _____

Are you a new customer? **yes** **no** (if no - please use your account number)

_____ / _____
VISA EXP DATE

_____ / _____
MASTERCARD EXP DATE

_____
NAME ON CARD

_____
SIGNATURE

| QUANTITY | FORM NO. | DESCRIPTION | COST | TOTAL |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *TOTAL - NOT INCLUDING TAXES, SHIPPING & HANDLING:* | | | | |

COMMENTS: _____

_____

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