

Order Form

Billing Address:	Shipping Address:
Name _____	Name _____
Company _____	Company _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone # _____	Phone # _____
Fax # _____	Fax # _____
Email _____	Email _____

Item #	Product Name	# in Pkg / Case	Price	Quantity	Total

Expedited shipping options may vary by destination and /or weight. For expedited shipping quote please call **800-397-5899** for assistance.

Subtotal	
Sales Tax	
Shipping (<i>Economy Shipping</i>)	
Grand Total	

Payment Options (check one):

☐ Check or money order enclosed (Payable to Vitality Medical).

Bill My: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

_____ / _____

Card Number

Expiration

CVV Code

Signature: _____

Date: _____

Please complete this form, sign it, and return via Fax to: (801) 733-5797