MAIL ORDER FORM

medicalprovisions.com

Mail Order Form (Checks/Money Orders ONLY)
PRINT & MAIL FORM WITH PAYMENT

Cell. Phone:

Email Address:

CERTIFIED WORLDWIDE LLC

PO Box 310 Moorpark, CA 93020 USA Toll-Free 1-888-664-0646 Tel 1-805-512-9525 Fax 1-805-512-8866

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CODE NO.	PRODUCT NAME	QTY	PRICE EA.	TOTAL PRICE
*** IMPORTANT ***		Sub-Total (\$):		

IMPORTANT

- <u>For Check/Money Order Payments</u>: please make payment payable to:
 <u>Certified Worldwide LLC</u>
- <u>Mailing Address</u>: please mail payment to: Certified Worldwide LLC PO Box 310 Moorpark, CA 93020
- *Shipping & Handling (for Overweight/Oversized Products): our \$8.95 Flat Rate does not apply - actual freight charges will apply. Email us first if you are unsure.

Sub-Total (\$)	:
Sales Tax: (CA residents mus add 8.50% sales tax to Sub-Total	
Coupon Code #: (if applicable))
Coupon Discount \$: (if applicable))
Shipping & Handling: (Standard	\$8.95*
TOTAL AMOUNT (\$)	: