

ORDER FORM

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CERTIFIED WORLDWIDE LLC

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CODE NO.	PRODUCT NAME	QTY	PRICE EA.	TOTAL PRICE

***** IMPORTANT *****

- For Credit Card Payments: for security reasons, we can only ship to the credit card's Billing address (unless the shipping address is on file with your card company).
- For Check/Money Order Payments: please make payment payable to: **Certified Worldwide LLC**
- *Shipping & Handling (for Overweight/Oversized Products): our \$7.95 Flat Rate does not apply - actual freight charges will apply. Upon Faxing order, we will e-mail you the shipping & handling cost, which is determined by weight & final destination.

Sub-Total (\$):	
Sales Tax: (CA residents must add 8.25% sales tax to Sub-Total)	
Coupon Code #: (if applicable)	
Coupon Discount \$: (if applicable)	
Shipping & Handling: (Standard)	\$7.95*
TOTAL AMOUNT (\$):	

Payment Details	Prices a subject to change or correction without notice.
<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> PayPal - send payment to: <input type="checkbox"/> MasterCard <input type="checkbox"/> Check/Money Order <i>orders@medicalprovisions.com</i>	
<i>Cardholder Information:</i>	
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Card Number: _____ - _____ - _____ - _____	
Expiration Date (Month/Year): _____ / _____	
C.V.V.2 Security Code (for Visa & MasterCard – enter the entire number located on the signature strip on Back of card; for American Express – enter the 4 digit code located on Front of card to the right of the card number): _____	
Cardholder Signature: _____	Date: _____
I Authorize Certified Worldwide LLC to charge my card for the above order.	