

# Standris Medical Supply, Inc. PRINTABLE ORDER FORM

## METHOD OF PAYMENT:

A check or money order is enclosed in the amount of \$ \_\_\_\_\_  
 Please make check or money order payable to: STANDRIS MEDICAL SUPPLY  
 Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_  
(Required With Personal Check)

## TYPE OF CREDIT CARD:

      

## CARD NUMBER:

(all Digits) \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3 DIGIT SECURITY CODE \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Name of School or Facility: \_\_\_\_\_

## ORDERING OPTIONS:

MAIL TO: STANDRIS MEDICAL SUPPLY  
 149 BEECH ST.  
 WESTWOOD  
 COATESVILLE, PA 19320

PHONE: 1-800-297-4721  
 8AM - 5PM ET Monday - Friday

FAX: 1-610-384-1012  
 24 Hours a Day / 7 Days a Week

E-MAIL: [contact@standris.com](mailto:contact@standris.com)

WEBSITE: [www.standris.com](http://www.standris.com)

## BILL TO: (IF PAYING BY CREDIT CARD PLEASE PROVIDE BILLING ADDRESS FOR THE CREDIT CARD)

NAME \_\_\_\_\_  
 C/O \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 APT. OR SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

## SHIP TO: (IF DIFFERENT FROM BILL TO ADDRESS)

NAME \_\_\_\_\_  
 C/O \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 APT. OR SUITE \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

ITEM#	ITEM DESCRIPTION	COLOR	QTY.	UNIT PRICE	TOTAL PRICE
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

SUBTOTAL	\$
TAX <small>PA Tax Pennsylvania 6.6% per City</small>	\$
SHIPPING	\$
TOTAL	\$

### Shipping and Handling Chart

US		Alaska & Hawaii	
\$0.00 to \$15.99 =	\$7.49	\$0.00 to \$14.99 =	\$12.49
\$16.00 to \$69.99 =	\$9.99	\$15.00 to \$69.99 =	\$16.99
\$70.00 to \$99.99 =	\$10.99	\$70.00 to \$99.99 =	\$19.99
\$100.00 to \$199.99 =	\$13.99	\$100.00 to \$199.99 =	\$23.99
\$200.00 to \$399.99 =	\$16.99	\$200.00 to \$499.99 =	\$28.99
\$400.00 to \$499.99 =	\$29.99	\$500.00 to \$699.99 =	\$55.99
\$500.00 to \$599.99 =	\$49.99	\$700.00 to \$799.99 =	\$75.99
\$600.00 to \$799.99 =	\$69.99	\$800.00 up =	\$99.99
\$800.00 up =	\$99.99		

## NOTES:

10% Restocking Fee.  
 \$30.00 Returned Check Fee  
 \$10.00 Address Correction Fee