

Axela Medical Supplies

1172 North Main Street

Waterbury, CT 06704

Phone 203-597-0350 Fax 203-574-0405

PURCHASE ORDER**WEBSITE ORDER FORM** WWW.AXELAMEDICALSUPPLIES.COM**TO:****SHIP TO: (IF DIFFERENT)**

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS Circle One
		UPS		CC/Check/Money Order

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

Payment Info: Visa/Mastercard/American Express/Discover**Card Number:****Expiration Date:****CCV:**

SUBTOTAL
SHIPPING & HANDLING
SALES TAX: CT
OTHER
TOTAL

1. Please send two copies of your invoice.
2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above.
3. Please notify us immediately if you are unable to ship as specified.
4. Send all correspondence to:
Axela Medical Supplies
PO Box 4744
Waterbury, CT 06704
Phone 203-597-0350 Fax 203-574-0405

Authorized by _____

Date: _____