



CUSTOMER ORDER FORM

 NEW CUSTOMER EXISTING CUSTOMER CUSTOMER ID NUMBER PHONE ORDER FAX ORDER EMAIL ORDER

BILL TO

Facility/ Dr.			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Province:	Country:		
Contact:			
Phone:	Fax:	Email:	

ORDER INFORMATION

 PURCHASE ORDER NO.

	Item No.	ORDER QUANTITY
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SHIPPING INFORMATION

 REQUESTED DELIVERY DATE

<input type="checkbox"/> EARLY AM (8:30 AM)	<input type="checkbox"/> 3 DAY EXPRESS SAVER (FREE OF CHARGE)
<input type="checkbox"/> PRIORITY OVERNIGHT (10:30 AM)	<input type="checkbox"/> INT'L PRIORITY
<input type="checkbox"/> STANDARD OVERNIGHT	<input type="checkbox"/> INT'L ECONOMY
<input type="checkbox"/> 2 ND DAY	<input type="checkbox"/> GROUND

 FEDEX UPS DHL OTHERacct: _____ acct: _____ acct/courier: _____

Special Shipping Request:



ORDER BY EMAIL
ORDERS@CEREMED.COM



ORDER BY PHONE
310-815-2125



ORDER BY FAX
310-815-2130

SHIP TO (If different from Bill To)

Facility/ Dr.			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Province:	Country:		
Contact:			
Phone:	Fax:	Email:	

CEREMED USE ONLY

PROMISED SHIP DATE	
--------------------	--

Follow up Date	
Method	
Shipping Tracking Information:	
Order Ship Date:	
Delivery Date:	
Order Delivery Confirmation:	

Note:



ORDER BY EMAIL
ORDERS@CEREMED.COM



ORDER BY PHONE
310-815-2125



ORDER BY FAX
310-815-2130