



Use of this form is *not required*; it is here to be used if helpful.
It does indicate what information is needed to process an order.

ORDER FORM

To: **Biomedical Marketing Associates**
2472 Citation Ct.
Wexford, PA 15090
phone: (724) 935-6840
sales@BiomedicalMarketing.com

fax to: 724-935-6840

Fill out this form now, then print it off for faxing,
or save it as a pdf file to attach to an email.

**IF EMAILING, DO NOT INCLUDE YOUR
CREDIT CARD NUMBER. WE WILL CALL
YOU FOR YOUR CARD INFORMATION**

Date:

contact person:		
	phone :	fax:
email:		
purchase order:		

Check if you would prefer to pay using PayPal :
 PayPal Email address to send your PayPal invoice:

Credit Card Information (for security, do not send card number by email)	BMA will call you for your card number; fax is OK for security purposes.
Please Indicate VISA or MasterCard <input type="checkbox"/>	
Number:	Security code:
Name on card:	Expiration date:
Do you want your receipts by: please choose	

Same As Ship To:

Ship To Information	Invoice to: <input type="checkbox"/> OR Credit Card Billing Address
Institution:	Institution:
Attn:	Attn:
Address:	Address:
Address:	Address:
City, State, Zip:	City, State, Zip:

Products:

	<u>Cat No.</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Total</u>
1					
2					
3					
4					
5					

All goods are shipped FOB Destination, charges prepaid and added to the invoice.
 Terms are net 30 days on open orders.
 Prices must be confirmed by BMA