



MDmaxx.com

Order Form

CUSTOMER INFORMATION

SOLD TO

Organization: _____
 Attention: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

SHIP TO

Organization: _____
 Attention: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

PAYMENT INFORMATION

PAYMENT TYPE

- Check enclosed for: \$ _____
- Bill us "Net 30 Days" (call 866-750-9951 for details)
- Pay by credit card (use the form to the right)

CREDIT CARD INFORMATION

Visa MasterCard AMEX Discover
 Card #: _____ Exp. Date: _____
 Name on card: _____
 Signature: _____

ORDER INFORMATION

MODEL	QTY	PRODUCT	COLOR	SIZE	UNIT PRICE	TOTAL PRICE

CONFIRMATION

- This confirms a phone order
Name of salesperson: _____
- I have ordered from MDMaxx before
- Notify me before delivery (may incur additional charges)
Phone: _____

AUTHORIZATION

Name: _____ Title: _____
 Signature: _____ Date: _____
 PO#: _____

When complete, return with your purchase order by email sales@mdmaxx.com

T: 866-750-9951 | www.mdmaxx.com

Address: 1762 Benson Ave. Brooklyn, NY 11214