ORDER FORM

Phone: 403-990-0711
Fax: 403-720-7003
Email: admin@medwest.ca
Suite # 218
315, 5155 - 130th Avenue SE
Calgary, AB T2Z0N3

Order Date: _____

Customer Name: _____

Billing Address: _____

_____

_____

Phone: _____

Fax: _____

Buyer Name: _____

Purchase Order: _____

Customer ID: _____ _____

Ship To: _____

_____

_____

Ship Via: _____ ❑ PREPAID ❑ COLLECT

Ship Account #: _____

Date Required: _____

Payment Type: ❑ VISA ❑ MC ❑ AMEX ❑ ON ACCOUNT: _____

Credit Card Number: _____ Expiry Date: _____

Name on Card: _____

PRODUCT NUMBER	PRODUCT NAME	PRODUCT DESCRIPTION	UM	QTY	PRICE

Comments and/or Special Instructions: _____

_____

_____

_____