## ORDER FORM

## UPC MEDICAL SUPPLIES, INC.

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Suite / Apt. No.	Suite / Apt. No	
City, State, Zip:	City, State, ZIP:	
Phone: ( )	Phone: ( )	
Fax: ( )	Fax: ( )	
Email address:	PURCHASE ORDER NUMER:	AMOUNT
	Subtotal:	
	California Sales Tax:	
	California Sales Tax: Shipping:	
Visa / Master Card American Ex	California Sales Tax: Shipping: Total:	
Visa / Master Card American Ex	California Sales Tax: Shipping: Total:	
	California Sales Tax: Shipping: Total:	
d # ne on Card	California Sales Tax: Shipping: Total:	
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