Health Professional Order Form

North Coast Medical, Inc.
18305 Sutter Boulevard
Morgan Hill, CA 95037-2845
U.S.A.

To expedite your order, just call or fax.

Phone Orders: 800 821-9319

Toll-Free Fax: 877 213-9300

Local/Int'l Fax: 408 776-5010

Ordered by:

Facility/Practice

Attention

Mailing Address

City

State Zip

Phone Fax

Ship to: *(Products cannot be delivered to a P.O. box.)*

Facility/Practice

Attention

Street Address

City

State Zip

Phone

	Description *(include size, model, etc.)*	**Quantity**	**Price**	**Total**
NCI2774	Complete Foot Kit EXAMPLE	2	134.95	269.90

Subtotal

California deliveries only **Sales Tax**

Shipping and Handling

Total

Payment Options

❑ Check payable to **North Coast Medical, Inc.** enclosed. Check amount: $_____ Check no: _____

❑ Money Order Amount $_____

❑ Credit Card: ❍ VISA ❍ MasterCard ❍ American Express

Account number: | | | | | | | | | | | | | | | | |

Card Holder Name: _____

Expiration Date: Month | | Year | | Signature: _____

❑ Bill my account. Customer number: _____ Purchase Order number: _____

❑ Open an **EASY ORDER** account. Note terms and sign below.

Thank you for choosing North Coast Medical.

We appreciate your business.

Easy Order Account

Open an **EASY ORDER** account. Please read the terms and conditions and sign below.

You will be contacted by one of our customer service professionals shortly after this order has been shipped.

TERMS AND CONDITIONS: Applicant hereby agrees to the terms and conditions as set forth herein.

1. All information provided is to be correct and is submitted for the purpose of requesting that North Coast Medical extend credit to the applicant. Applicant hereby authorizes North Coast to investigate fully, any references or financial information, provided herein, directly or indirectly, pertaining to applicant's credit and/or financial responsibility.
2. Terms of sale are Net 30 days from date of invoice.
3. All invoices are deemed correct unless North Coast Medical receives written notice of dispute within 60 days of invoice date.
4. In the event of suit, applicant agrees to pay costs of collection, including attorney's fees. Court jurisdiction resides in Santa Clara County.
5. Items returned after 30 days are subject to a 15% restocking fee.

Signature _____ Date _____

Approximate Shipping/Handling Charges

Merchandise Total	UPS Ground	2nd Day Air
$0 - $24.99	$9.95	$13.95
$25 - $49.99	$10.95	$16.95
$50 - $99.99	$11.95	$19.95
$100 - $249.99	$12.95	$24.95
$250 - $499.99	$16.95	$26.95
$500 +	$19.95	$29.95

Shipping/Handling charges are approximate and reflect shipping in the 48 contiguous states. Charges may be slightly higher for oversize/heavy items. Charges subject to change without notice. Call for additional pricing information. Unless specified, orders are shipped within 48 hours of receipt via ground service.