

Jacksonville, FL 32256

PRISM HEALTH SERVICES ORDER FORM

6971 Business Park Blvd. N. Jacksonville FL-32256 Ph: 904-880-9900 Fax: 904-880-3241

1. BILL TO: 3.		3. METHOD OF PAYMENT:			
Customer Name:	Check (<i>I</i>	Check (<i>Made Payable to PRISM HEALTH SERVICES, LLC.</i>) Credit Card: VISA Mastercard Amex			
Address:					
City:		Number:			
Phone:		Expiration Date: CVC code: NAME : (<i>Please Print</i>)			
Fax:					
Your Name:		Billing Address:			
Your Email:					
PO#:					
	Signature: _				
2. SHIP TO:	4. SHIPPING	4. SHIPPING CHARGES: * All freight charges and special handling charges are the responsibility of the Purchaser and will be added to the invoice. * Some products are shipped directly from the factory or			
Customer Name:	* All freig				
Attention:					
Department:					
Street Address:					
	made to	order. These will no	rmally be shipped	within	
City:State: Zip	o: 10-15 b	usiness days			
Phone#:		 Rush shipments can be arranged when merchandise is available. Charges for this service will be added to your 			
Special Instructions:					
	invoice	•			
5. PRODUCT SELECTION:					
PRODUCT # DESCRIPTION		QTY	Price / unit	TOTAL	
6. TO ORDER: Completed Order forms - Please	e	•	Sub Total		
Email to: Info@prismhealthservices.net		FL TAX (SubTotal X1.07)			
Suggestion: Forms with Credit card info - Password protect the		Shipping & Handling			
document. Later email / call with the password separately. OR		-	Grand Total		
Fax to: (904)880-3241			L		
Mail to: 6971 Business Park Blvd. N					