



WORLD WIDE

MEDICAL SERVICES, INC.

Wholesale Department

3820 Northdale Blvd Ste 309B

Tampa, FL 33624

Phone: 1-877-817-4545

FAX: 1-877-200-1325

Product Order Form

Item #	Quantity	Amount	Total
Order Total (not including shipping & handling)			

BILLING NAME & ADDRESS		SHIPPING NAME & ADDRESS	
Clinic Name: _____		<input type="checkbox"/> Check if the same as Billing Address	
Contact Name: _____		Clinic Name: _____	
Address: _____		Contact Name: _____	
_____		Address: _____	
City: _____ State/Province: _____		_____	
Zip/Postal Code: _____		City: _____ State/Province: _____	
Phone #: _____		Zip/Postal Code: _____	
		Phone #: _____	
PAYMENT METHOD			
Credit Card Type: ___ Visa ___ Discover		Check Payment: Check #: _____	
___ American Express ___ MasterCard		Routing #: _____	
Name on Card: _____		Account #: _____	
Credit Card #: _____		PayPal Payments	
Expiration Date: _____ Security Code: _____		Email address to invoice:	

Fax orders to: 1-877-200-1325