ORDER FORM

School Kids Healthcare

Division of Emergency Medical Products, Inc.
1711 Paramount Court • Waukesha, WI 53186
866.558.0686 • Fax 800.558.1551 • www.SchoolKidsHealthcare.com

Please Print or Type All Information on Order Form **Date** _____

BILL TO

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Purchase Order No. _____

☐ **Check If Above Address Is New** **Tel.** _____
Area Code Number

Ordered by: _____

SHIP TO

Fill in only if different than "Bill To"

Customer No. _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Ship Attn. _____

Special Delivery Instructions: _____

_____

Quantity	Catalog Number	Description	Price Each	Total Price
		NO REFUND ON RETURNED MERCHANDISE ACCOUNT, CREDIT ONLY ***Thank you!***		

SUB-TOTAL	
FREE GROUND SHIPPING ($10.50 Handling Fee will be charged on any order under $100.00) Customer is responsible for shipping charges to Alaska, Hawaii, and Puerto Rico	
ADD YOUR STATE TAX IF YOU ARE A TAXABLE ENTITY IN THE STATES OF CA, IA, IN, FL, MI, MN, NJ, SD, or WI only	
TOTAL	

☐ VISA ☐ MASTERCARD ☐ AMEX Exp. Date: _____

Card No. _____

Card Zip Code _____

Name _____

Signature _____