



1001 McKesson Drive  
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# SALES ORDER FAX REQUEST

DATE: \_\_\_ / \_\_\_ / \_\_\_

IMEX™ CUSTOMER ACCOUNT NUMBER:

CLINIC PHONE: \_\_\_\_\_

CLINIC FAX: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORDER PLACED BY: \_\_\_\_\_

CLINIC OWNER: \_\_\_\_\_

CLINIC NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURCHASE ORDER NUMBER	SHIP VIA			PAYMENT TERMS	
	STANDARD FREIGHT	NEXT DAY AIR	2 <sup>ND</sup> DAY AIR	 	NET 30

LINE NO.	QTY.	PART NUMBER / PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

CREDIT CARD #:

CREDIT CARD BILLING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PRINTED NAME ON CARD:

EXP. DATE: \_\_\_ / \_\_\_

CWV CODE: \_\_\_\_\_

(LAST 3 DIGITS IN SIGNATURE AREA)

SIGNATURE:

SALES TAX

DISCOUNT

SUB TOTAL

**TOTAL**