



# Order Form

P.O. Box 1204 Medical Lake, WA 99022 Phone: 509.998.4547 Fax: 509.534.3327

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address(optional): \_\_\_\_\_

**Billing Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If the shipping and billing address are the same skip shipping address box.

**Shipping Address:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Recipient Name (if different from above): \_\_\_\_\_

| Item description | Quantity | Price                                      | Total |
|------------------|----------|--|-------|
|                  |          |  |       |
|                  |          |  |       |
|                  |          |  |       |
|                  |          |  |       |
|                  |          | Total                                      |       |
|                  |          | Sales Tax (Washington Residents only) 8.6% |       |
|                  |          | Grand Total                                |       |

Form of Payment: Check  Money Order  Cashier Check  Credit Card  (online only)

**Miscellaneous Instructions**