

## STERILE DEVICE COVERS • ORDER FORM

Please fill out this form, save, and email to sales@whitneyms.com.

Date:			
PO#:			
Customer#:			
Customer Ship to:			
Facility Name:			
Address 1:			
Address 2:			
City: State: Zip:			
Attn:			
Phone:			
	Qty	Price	Total
on			
GRAND TOTAL			
SHIPPING			
Shipping Instructions			
☐ Regular Ground ☐ 2nd Day ☐ Overnight			
Shipping Charges			
☐ Bill my UPS Account#:			
☐ Bill my FedEx Account#:			
☐ Prepay and Add			
Special Instructions			
	PO#: Customer#: Customer Ship to: Facility Name: Address 1: Address 2: City: Attn: Phone:  SHIPPING Shipping Instruction Regular Ground Shipping Charges Bill my UPS Accour Bill my FedEx Accour	PO#:  Customer #:  Customer Ship to:  Facility Name:  Address 1:  Address 2:  City: S:  Attn:  Phone:  Qty  Shipping Instructions  Regular Ground 2nd Day  Shipping Charges  Bill my UPS Account#:  Bill my FedEx Account#:  Prepay and Add	PO#:  Customer#:  Customer Ship to:  Facility Name:  Address 1:  Address 2:  City: State: Z  Attn:  Phone:  Qty Price  SHIPPING  Shipping Instructions  Regular Ground 2nd Day Overnig  Shipping Charges  Bill my UPS Account#:  Bill my FedEx Account#:  Prepay and Add

