

• General Information

Purchase Order No.: _____ Account No.: _____
 Name: _____ Company Name: _____
 Phone: _____ Fax: _____

| | Billing Information | Shipping Information |
|------------|---------------------|----------------------|
| Address | | |
| City/State | | |
| Zip Code | | |

• Order Information

| Quantity | NDC No. | Product | Size | Price |
|----------|---------|---------|------|-------|
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* When materials are in stock, orders are processed, filled and shipped within 24 hours from receipt of order.

• Shipping Information

Ground Service
 Next Day
 2nd Day
 3rd Day

• Authorization

I hereby agree to pay all invoices in full within 30 calendar days. I authorize MEDISCA to charge my credit card should my account become overdue.

or

I authorize MEDISCA to charge all invoices directly to my credit card.

In consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 30 DAYS from invoice date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorneys fees. The signature below authorizes MEDISCA to charge interest on outstanding balances OVER 30 DAYS OLD at rate of 1.0% per month (12% per annum) or to the extent permitted by law.

Signature: _____ Title: _____

Name: (print) _____ Date: _____

