

To: Universal Medical Inc.

PO Box 1829

Oldsmar, FL 34677-1829

Phone 800-423-2767

Email: [order@universalmedicalinc.com](mailto:order@universalmedicalinc.com)

[www.universalmedicalinc.com](http://www.universalmedicalinc.com)

# Account Order Form

Please note if you are submitting a system generated PO, this form is not required.

This form is for use by customers that do not have an internal form for purchasing use.

If indicated, the following PO reference number will appear on all related correspondence, shipping papers, and invoices:

P.O. NUMBER:

BILL TO ADDRESS:

SHIP TO ADDRESS:

| Quantity                                                                           | Product Code | DESCRIPTION | Price per Unit                                                                            | TOTAL                     |
|------------------------------------------------------------------------------------|--------------|-------------|-------------------------------------------------------------------------------------------|---------------------------|
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
|                                                                                    |              |             |                                                                                           | 0                         |
| Comments:                                                                          |              |             | SUBTOTAL                                                                                  | 0                         |
|                                                                                    |              |             | SHIPPING & HANDLING<br>SALES TAX                                                          | PP&ADD<br>As Applicable   |
|                                                                                    |              |             | TOTAL                                                                                     | Subtotal +<br>S&H and tax |
| Purchasing/Requestor:<br>Contact Name:<br>Contact Phone:<br>Contact Email Address: |              |             | Accounts Payable Contact<br>Name:<br><br>Contact Phone: Contact<br>Contact Email Address: |                           |

\* All orders will ship via Ground Service Unless otherwise indicated

\*\* If you are paying by credit card, please use our secure website: [www.universalmedicalinc.com](http://www.universalmedicalinc.com)