

Account Order Form

BILL TO ADDRESS

SHIP TO ADDRESS

Customer/Company Name: _____

Customer/Company Name: _____

Address: _____

Address: _____

City/State/Area Code: _____

City/State/Area Code: _____

Order Date	Requester

Quantity	Former Supplier	Description	Former Supplier # or SKU

Comments:

Purchasing/Requester

Accounts Payable

Contact Name: _____

Contact Name: _____

Contact Phone: _____

Contact Phone: _____

Contact Fax: _____

Contact Fax: _____

Contact Email: _____

Contact Email Address: _____

*Most vendors will all ship via UPS or FedEx Ground for free on orders over \$100. Some orders will always have shipping charges, including diabetic shoes, DME and case gloves. For questions please contact your representative.
 **Most vendors accept both check and credit - however; the form of payment varies by vendor.
 ***For nearly all vendors, Net 30 terms are accepted, however; for those that do not extend Net 30 a credit card will be required and charged at time for purchase in order for products to ship. Your representative will communicate with you on a case by case basis to help you get started.
 ****All orders are subject to the terms and conditions as outlines on docshoppro.com/termsandconditions.