



Quick Order Form

Fax 281.991.1669 (toll-free) 866.991.1669
email:orders@physiciansupplycompany.com

Date:

PO#:

P. O. Box 7477, Pasadena, TX 77508, toll-free 866.991.1665, phone 281.991.1665

New Account
Existing Account

shipping address (as reflected on licenses)

legal name		
trade name (DBA)		
ship to address		
street		
city	state	zip

billing address

legal name	accounts payable contact
bill to address	a/p phone
street	a/p email
city	state zip

place order **QUICK ORDER**		place order **QUICK ORDER**	
item#	product description	qty	price (ea.)

credit card authorization

owner/authorized officer's name on card	check one:	Amex	MC	Visa
billing street	credit card #			
billing city	billing state	billing zip	exp. date	3 or 4 digit cvv code

The undersigned owner/authorized officer on the account named does hereby authorize Physician Supply Company, Limited to charge the credit card, as reflected above, for the amount of each invoice/and or statement, as determined at the time of account establishment. The amount of each charge shall be reflected on the invoice/statement received from Physician Supply, unless a dispute with respect to such invoice/statement is brought to the attention of accounts receivable within 3 business days of receipt of goods. This authorization shall remain in effect until the reflected card expires, or until Physician Supply Company, Limited receives written notification (via signature required/certified mail) that this authorization has been cancelled.

X. _____ date

agreement

This agreement is binding and is made voluntarily by the undersigned customer to purchase pharmaceuticals and/or medical supplies from Physician Supply Company, Limited. All of the information is true and correct. If Physician Supply Company, Limited must turn this account over for collection, the above customer agrees to pay all costs associated with its collection. Costs may include, but are not limited to, attorney's fees, collection fees, and courts costs. Customer agrees to pay interests of 1 1/2% per month interest on balances which are past due. The customer indemnifies and holds Physician Supply harmless against any claims, liability, or damages which may be incurred as a result of administering error or product use on the part of the customer. Products purchased from Physician Supply Company, Limited are not to be resold to other drug distributors, wholesalers, or retailers. They are for patient/end-user use only. Customer agrees that any lawsuit arising from the customer's account shall be brought and maintained in the State of Texas, Harris County, and shall be subject to the laws of Texas. Customer consents to the venue and jurisdiction of Harris County, Texas. The undersigned authorizes this facsimile or email transmission copy of this application/quick order to serve as an original copy effective the date signed. The undersigned is signing on behalf of the company/physician, and is personally guaranteeing the payment of this account for the products purchased herein. Due to circumstances beyond Physician Supply Company's control, the prices and availability of products are subject to change without prior notice. By signing below, you accept the terms and conditions in the above agreement.

X. _____ date

_____ title

new accounts must fax a current copy of license/dea certificates to 281.991.1669

FREE SHIPPING ORDERS OVER \$100.00. FLAT RATE GROUND \$7.00 UNDER \$100. REFRIGERATED ITEMS ADD \$5.00