

sales@nwihcorp.com T: 800-716-5336 F: 800-929-4486

Bill to			Ship to if different		
NAME					
ADDRESS					
ADDRESS					
CITY	ST	ZIP			
PHONE	EMAIL		Ph	E	

Purchase Order Number _____ **DATE** _____

ITEM	QTY	PRICE	TOTAL
SHIPPING			
SUB TOTAL			
SHIPPING			
TOTAL			

_____	_____	_____
Name	Authorized Signature	TOTAL

*Buyer acknowledges and agrees that all Test Kits shall only be used in accordance with the manufacture’s Specifications, governmental rules, regulations and laws, including, but not limited to, FDA Policy, and shall only be administered by licensed or authorized healthcare professionals or providers and shall not under any circumstances be used for home testing.

THANK YOU FOR YOUR BUSINESS!

FOXMEYER PPE, Inc.

1080 Holland Drive, Suite 1
Boca Raton, FL 33487 USA



Credit Card Authorization Form

Credit Card Information

Card Type: MasterCard VISA

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Cardholder ZIP Code (from credit card billing address): _____

Amount to Charge: \$ _____ (USD)

All sales are final.

Customer Signature

Date