



95 Dorothy Street
 Suite 130
 Buffalo, NY 14206
 T: 1-888-506-2658
 F: 905-248-3501
 orders@lochnessmedical.com

FAX / PURCHASE ORDER FORM

Date (MM/DD/Y): ____ / ____ / ____

BILLING	
Company:	
Contact name/Title:	
Address:	
City, State, Zip:	
E-mail:	
Tel:	Fax:

SHIPPING	
Company:	
Contact name/Title:	
Address:	
City, State, Zip:	
E-mail:	
Tel:	Fax:

QUANTITY	ITEM CODE	DESCRIPTION	UNIT PRICE	TOTAL

Shipping Method

- UPS Ground (3-5 Days)
- Hand Delivery
- Other: _____

SUBTOTAL: _____
 SALES TAX (if applicable): _____
 SHIPPING: _____
 TOTAL: _____

TERMS AND CONDITIONS

If you are unsatisfied with your product in the first 30 days, please contact your local representative to arrange pickup, replacement, or for any other questions regarding terms and conditions.

x _____
 Print Name

x _____
 Signature

Payment can be made by check or credit card. Send payments by check to 95 Dorothy St. Suite 130, Buffalo NY, 14206. To pay by credit card please call 1-888-506-2658 ext. 3. Please specify how you would like to receive your invoice:

- Fax
- E-mail

Thank you for your business

To register for an online account, please visit <https://www.lochnessmedical.com/register>.

