



# PPE ORDER FORM

ORDER FORM

## CLIENT INFO

Company Name: _____	Requestor: _____
Date: _____	PO#: _____

## SHIPPING INFO

Street Address: _____	City: _____	State: _____	Zip Code: _____
Contact Name at Shipping Location: _____			

## BILLING INFO

Street Address: _____	City: _____	State: _____	Zip Code: _____
Name on Card _____	Credit Card #: _____	CVV Code: _____	Exp. Date: _____

PERSONAL PROTECTIVE EQUIPMENT	QUANTITY
<b>FACE SHIELDS</b> <i>-American made in Illinois</i>	
<b>N95 SURGICAL MASKS</b> <i>-FDA approved and CE Approved from 3M</i>	
<b>SURGICAL MASKS</b> <i>-FDA approved and CE Approved from China, these have two ties in back</i>	
<b>NON STERILE GOWNS</b> <i>-Protective NON-STERILE Surgical/Isolation Gowns</i>	
<b>NON STERILE GLOVES</b> <i>-Protective NON-STERILE Surgical/Isolation Gloves</i>	

**Terms:** 50% of payment is due at time of order and must be paid in full by the time of delivery. Orders will not be shipped unless paid in full.  
Minimum order of 100 items.

**SIGNATURE:**

**DATE:**

