

ADVANCED MEDICAL SUPPLY, INC.

3322 N Milwaukee avenue, Chicago, IL 60641

Phone: 773-205-6993 Fax: 773-205-6994

Sales Receipt

PATIENT NAME:	Witchek, Catharine	DATE:	11-04-24
ADDRESS:	12730 STAMFORD LN ROSCOE, IL 61073		
PHONE #	(779) 207-8249		
Note: Glenview Terrace Nursing Center order			
Quantity delivered	Description	Price	Amount
1	Walker with 5" wheels (E0143)	\$50.00	1
1	3 in 1 Bedside commode (E0163)	\$60.00	1
	Order Total: \$110.00		
	Sale Tax-10.25% (\$ 11.28)		
	Total amount: \$121.28		

Returns or exchanges made within 5 days of original purchase with the sales receipt and tickets attached will be accepted for full refund in the original payment form. Merchandise must be in saleable condition, have price tags attached, in original packaging, and be accompanied by a sales receipt. All sales for support hosiery and toileting aids are final. No returns or exchanges after 5 days from the initial date of purchase.

SIGNATURE OF PATIENT: _____

SIGNATURE (if other than patient): _____ **RELATIONSHIP:** _____

COMPANY REPRESENTATIVE: _____

Advanced Medical Supply, Inc
3322 N. Milwaukee Ave.
Chicago, IL 60641
Phone: 773-205-6993
Fax: 773-205-6994

Credit Card Authorization Form

Credit card type: Visa, Master Card, Discover (circle one)

Cardholder Name Catherine Witschek

Credit Card Number 6011 0071 3559 6079

Expiration Date 08 / 26

CVS code 670

Billing Address Street 800 S. River Rd. #711

City Des Plaines

State IL Zip. 60016

I authorize Advanced Medical Supply to charge my credit card for the amount
\$ 121.28

Cardholder Signature Phone Order

Date 11-04-24

ADVANCED MEDICAL SUP
3322 NMILWAUKEE AVE
CHICAGO, IL 60641
773-205-6993

Phone Order

xxxxxxxxxxxx6079
DISCOVER Entry Method: Manual

Total: \$ 121.28

11/04/24 16:25:03
Inv #: 000000005 Appr Code: 00465P
Apprvd: Online
AVS Code: ZIP MATCH Z
CVV2 Code: MATCH M

Customer Copy

THANK YOU!