

## 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	\$50.00	1
	(E0143)		
1	3 in 1 Bedside commode	\$60.00	1
	(E0163)		
	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 Catharine Witchak  
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 N MILWAUKEE 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!