ACZ DISTRIBUTION NEVADA, USA

Order Form

SERVICED BY; ACZ & Associates, LLC www.ACZandAssociates.com o. 702-637-9338 f. 877-940-2532 **Date of Order:**

Anticipated Application Date:

Order Number (Office Use Only):

DO#•

Submit Orde	rs to: Support@AC	ZandAssociates.c	om	Patient ID:		
Customer In	fo:					
Account Name: Contact e-mail:						
Contact Na	ame:		Conta	ct Number:		
Quantity	Description		Size	Unit Price	Amount	
Billing	Time of Order (Terms: ON	let 30			
Charge CC: ACH: 4% processing fee will apply				Sub-Total:		
				Discount:		
Total: <u>Shipping Method</u>						
	edEx:	<u>21116611181</u>	<u>victiou</u>			
	e to Receive:					
	lity or Office					
	to Address:					
·	Address 2:					
	City:					
	State:	ZIP:				
	Notes:					