

numedix.com Order Form

numedix.com Federal Tax ID: 20-5261678 | Fax: 800.973.2129 | Mail: 1717 Blue Beaver Way, Roseville CA 95747

CONTACT INFORMATION

BILL TO:

Name/Contact

Company

Address

Address

City State Zip

Telephone FAX

SHIP TO:

Name/Contact

Company

Address

Address

City State Zip

PURCHASE ORDER INFORMATION

Purchase order must be accompanied by this numedix.com order form.

Purchase order number: _____

- Check or money order enclosed. Charge VISA, MasterCard or Discover.

Card number Exp date (mm/yr) Signature

HOW TO PLACE AN ORDER

Tel: Credit card payments only. Call 916.412.8247.

Fax: Send this order form which includes credit card information and authorization.

Mail: Make check payable to: numedix.com OR send this order form which includes credit card information and authorization.

Title	Type	Quantity	Price	Cost
Example: What to Eat	XCourse or <input type="checkbox"/> CE exam?	2	\$138	\$276
	<input type="checkbox"/> Course or <input type="checkbox"/> CE exam?			
	<input type="checkbox"/> Course or <input type="checkbox"/> CE exam?			
	<input type="checkbox"/> Course or <input type="checkbox"/> CE exam?			
	<input type="checkbox"/> Course or <input type="checkbox"/> CE exam?			
	<input type="checkbox"/> Course or <input type="checkbox"/> CE exam?			
SUBTOTAL				
CA residents (8.25% tax)				
Shipping				\$0
TOTAL				