ORDER FORM

Name: _____

Business: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (_____) _____

E-mail Adress: _____

☐ Check here to recieve tracking information via e-mail once your order has shipped.

Payment Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AM. EXPRESS ☐ *CHECK
(Check One)

*If you are mailing a check, please call for shipping charges before mailing your order.

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration: ☐☐ / ☐☐ **Security Code:** ☐☐☐

SHIPPING ADDRESS: (If different from billing address)

Name: _____

Business: _____

Street/Adress: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Customer Signature: _____

I authorize Medi-Stim, Inc. to charge my credit card for the total amount of the order placed.

FAX this order form to: **1-651-565-2410**
Mail to: **Medi-Stim, Inc. 217 Industrial Court, Wabasha, MN 55981**

To complete your order by phone, call: **1-800-363-7846** or **1-651-565-2400**. To get more information and view our entire selection of products, visit us online at **www.medi-stim.com.**

Shipping costs are additional and will be added to the total cost of the order. Orders are processed within 48 hours of receipt and shipped via Priority Mail to arrive in 2-3 business days. Expedited delivery is available for most items for an additional charge, depending on the weight of the package and location it's shipping to.

Item	Description	Cost	Qty.	Total
			SUB TOTAL:	
			SERVICE CHARGE: Please add $3.00 for orders under $15.00	
			SHIPPING: *If you are mailing a check, please call for shipping charges before mailing your order.	
			TOTAL:	

MEDI-STIM INC.

Your Complete Source for Quality Electrotherapy & DME Supplies!