



Order Form

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To place an order, please provide the following information and FAX it to **040-27267744**

You may use your standard Purchase Order form, or simply fill out this form and FAX it to **040-27267744**.

Bill To: _____ Ship To: _____

Purchase Order #: _____

Contact Name: _____

Phone #: _____ Fax #: _____

E-mail: _____

Product: _____	Quantity: _____	Pricing: _____
Product: _____	Quantity: _____	Pricing: _____
Product: _____	Quantity: _____	Pricing: _____
Product: _____	Quantity: _____	Pricing: _____
Product: _____	Quantity: _____	Pricing: _____

Himaja Renal Care will confirm your order by return fax with an estimated delivery date.