ORDER FORM

Global Health Connection, Inc.

UltiTHER™ ULTIMATE COMPRESSION HOSIERY

Date:_____

PO #:_____

Sales Rep:_____

____ Terms / ____ Credit Card

Credit Card Information

Name: _____

#: _____

Expiration:___/____

Address: _____

Zip: _____

Customer Information

Name:_____ Company:_____

Address: _____

_____

Phone: _____ Fax: _____

Email: _____

Name as it appears on credit card, street address an d zip associated with credit card needed to process payment.

Quantity	Item #	Unit Price	Line Total

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11239 Overseas Hwy, Marathon, FL 33050 | Phone (305)289-9522 | Fax (305)289-1362 | info@globalhealthconnectioninc.com