# Numotizine® Ointment/Poultice Order Form

Please print your name and address in space below:

SOLD TO: Tax, Club or Institution #:______________________

Name: ______________________

Company/Institution: ______________________

Address: ______________________

City: ______________________

State: __________ Zip Code ______________

SHIP TO: (If different from "SOLD TO")

Name: ______________________

Company/Institution: ______________________

Address: ______________________

City: ______________________

State: __________ Zip Code ______________

Phone: ______________ Fax ______________ e-mail: ______________

Date Recieved:______________ Date Shipped:______________________

| QUANTITY ORDERED | DESCRIPTION | SIZE | EACH PRICE | TOTAL PRICE |
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| | | MERCHANDISE TOTAL | | |
| | | SHIPPING CHARGE | | |
| | | SUBTOTAL | | |
| | | TOTAL | | |
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