

Fax This Order  
 Form To:  
**858/576-3555**  
**by 2pm PST<sup>1</sup>**

CircAid Medical Products, Inc.,  
 9323 Chesapeake Drive, Suite B2  
 San Diego, CA 92123  
 Voice: (858) 576-3550  
 Voice: (800) 247-2243  
 Fax: (858) 576-3555  
 Fax: (858) 576-3560  
 email: info@circaid.com  
 website: www.circaid.com

**Date** \_\_\_\_\_

**1** \_\_\_\_\_  
 Your Phone Number

**2** \_\_\_\_\_  
 Your Name

**3** Company Name and Address

**4** Ship to a different address (Cannot drop ship compression garments to patients)

Company name	Company name & Phone Number
Address                      Suite No.	Address                      Suite No.
City                      State                      Zip	City                      State                      Zip

**5** **Shipping Method:**  
 **Ground**     **3 Day**     **2nd Day** ( )8am\*     **Overnight** ( )8:00\* ( )10:30 ( )End of Day  
 \*Delivery may not be available in your area. All orders shipped UPS.

**6** Please print your order neatly

Page	Item Description	Item Number	Size	Qty

**7** Method of Payment  
 Existing<sup>2</sup> Account No. \_\_\_\_\_ / Purchase Order # or Reference: \_\_\_\_\_  
 COD  
 American Express  
 Visa  
 MasterCard

Card No.	Cardholder Name
Exp. Date	

<sup>1</sup>Same day shipping to accounts in good standing  
<sup>2</sup>Must complete credit application. Process can take from 2-3 weeks to complete.