R&D Medical, Inc.

Mail Orders To:
R&D Medical, Inc.
P.O. Box 483 Pikeville, TN 37367

Fax Orders To: (615) 985-0021
Email Address:
sales@rdmedicalonline.com

First Name _____ MI ____ _Last Name _____

Address _____ Phone (_____)_____

City:_____ State: _____ Zip:_____ Email _____@ _____

Item Name	SKU #	Color	Size	Qty.	Price Each	Total
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____
_____	_____	_____	_____	_____	$_____	$_____

Satisfaction Guaranteed!
Try our merchandise for 30 days, if you are not completely satisfied return it for a full refund *.
Note that nutritional supplies, consumables and needles or syringes cannot be returned from a residential address.

Total Items	_____	**Total Price**	$_____
		Florida Residents add Sales Tax @ 6%	$_____
		Sub Total	$_____
		Shipping and Handling (see chart)	$_____
		Total Due	$_____

SHIPPING METHOD (Check One)

__ UPS Ground __ US Mail Priority
Shipping and Handling Charges are $.50 per item plus the amount below
For International Orders Please call for pricing. (423) 447-8329

Order Subtotal	UPS Groundl	US Mail
$0.00 to $11.99 =	$4.49	$5.20
$12.00 to $24.99 =	$6.99	$5.20
$25.00 to $44.99 =	$8.49	$7.25
$45.00 to $59.99 =	$10.49	$9.45
$60.00 to $79.99 =	$11.99	$10.50
$80.00 to $99.99 =	$12.99	$12.65
$100.00 to $149.99 =	$18.99	$14.99
$150.00 to $199.99 =	$24.99	$18.65
$200.00 to $249.99 =	$32.99	$24.80
$250.00 to $299.99 =	$38.99	$33.60
$300.00 to $349.99 =	$44.99	$38.45
$350.00 to $399.99 =	$48.99	$42.35
$400.00 to $499.99 =	$52.99	$47.70
$500.00 to $599.99 =	$55.99	$51.50
$600.00 to $699.99 =	$58.99	$53.90
$700.00 to $799.99 =	$60.99	$55.65

METHOD OF PAYMENT (Check One). No COD's.

__ Check or Money Order enclosed (payable to R&D Medical, Inc)
__ VISA __ Master Card __ Check

CARD NUMBER: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date: Month __ __ Year __ __

_____ _____
Signature **Date**