



JoViPak®
 19625 62nd Ave S. Suite B101
 Kent, WA 98032
 Phone: (206) 575-1656
 Toll Free: 1 (866) 888-5684
 Email: info@jovipak.com
 www.jovipak.com

Order Form

Fax this form
 Toll Free to:
1-877-760-4943

Date _____
 Customer ID# _____
 PO# _____

BILL TO

Business _____
 Attention _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

SHIP TO

Business _____
 Attention _____
 Address _____
 City _____ State _____
 Zip _____ Phone _____

SHIPPING: PLEASE SPECIFY

Business Address Residential Address (\$5 extra)
 Ground Next Day Air
 2nd Day Air 3 Day Select

PAYMENT INFO

Check (Payable to Tri-D Corporation) Bill to Account

Credit Card Visa MasterCard
 Exp. ____/____/____ American Express
 Card# _____

Cardholder _____
 (print name)
 Signature _____

CONTACT INFORMATION

Patient _____
 Phone _____
 Measured By _____
 Phone _____
 Email _____
 Order Confirmation will be FAXED to: _____

This Form Must
 Accompany Every Order

*Right or Left

*Primary or Secondary

QTY	PRODUCT #	*R or L	SIZE	*P or S	UNIT PRICE

PRODUCT SUBTOTAL