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	

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1/20/06