ALERT SERVICES
SPORTS MEDICINE

P.O. #			
NET		FALL	
ORDER DATE	/ /		
DELIVERY DATE	/ /		

SOLD TO		SHIP TO	
PHONE #		FAX #	

CARD TYPE	☐ VISA	☐ MASTERCARD	EXPIRATION DATE	
CARD NUMBER			PAYMENT	

ACCT. NO	ORDER DATE	P.O. #	SHIP VIA	F.O.B.	FREIGHT	DATE SHIPPED	TERMS	SALESMAN

ITEM NO.	QUANTITY ORDERED	DESCRIPTION	UNIT PRICE	