

CUSTOMER ORDER FORM



INNOMED, INC.

103 Estus Drive
Savannah, GA 31404

DATE _____

**CUSTOMER ACCT
CODE/NO**

PO NUMBER _____

FACILITY NAME _____

BILLING ADDRESS _____

ATTENTION LINE

BUYER NAME

SHIPPING CARRIER **FEDEX** **UPS**

TELEPHONE

SHIPPING METHOD

FAX _____

SHIPPING ACCT #

EMAIL _____

Digitized by srujanika@gmail.com

ITEMS ORDERED

PHONE: 912-236-0000 / 800-548-2362 FAX: 912-236-7766
EMAIL: info@innomed.net www.innomed.net