



Great Service!
Exceptional Savings!

2780 Peachtree Industrial Blvd, Suite A
Duluth, GA 30097
Phone: 1-888-679-1145
Fax: 1-855-456-2678
www.locostmedicalsupply.com

Order Form

Billing Address:	Shipping Address:
Name _____	Name _____
Address _____	Address _____
Address _____	Address _____
City _____	City _____
State _____ Zip/Postal _____	State _____ Zip/Postal _____
Phone Number _____	Phone Number _____
Fax Number _____	Fax Number _____
Email _____	Email _____

Item Number	Product Name	# in Box/Case	Quantity	Price	Total Price

Shipping Methods

- ☐ \$9.95 Standard (5-8 Business Days)
- ☐ \$28.95 Priority (3-5 Business Days)
- ☐ \$64.95 Expedited (1-3 Business Days)

Subtotal	
Sales Tax	
Shipping	
Order Total	

Sales Tax only applies to Georgia and California
Orders. GA = 7% CA = 9%

Payment Methods

Credit Card Type: ☐ Visa ☐ American Express ☐ MasterCard ☐ Discover

Card Number: _____ Expiration: __ / __ CVV Code: _____

Signature: _____ Date: _____

Please complete this Order Form, Sign and Date it, and return it via Fax: 1-855-456-2678. By Signing this form you agree to allow LoCost Medical Supply to charge the correct tax amount. If you have a prescription for any products you are ordering, please fax a copy of the prescriptions along with this order form.