ProCare Medical
*healthcare solutions*²

Customer Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Tax ID Number: _____

Tax Exemption Number: _____
Please provide a copy of your tax exemption certificate when you return this form

Ship to Address: _____

City, State, Zip: _____

Do you have dock-height loading/unloading capabilities? _____

Are purchase order numbers required? _____

Payables Contact: _____

Payables Email: _____

Purchasing Contact: _____

Purchasing Email: _____

Maintenance Contact: _____

Maintenance Email: _____

Please return this form to karen@procare-medical.com or fax to 877-528-0421.