GNR Order Form - GNRcatalog.com

CALL TOLL FREE TO ORDER
800-523-0912

Toll Free Fax: 800-523-0914
Email: Orders@GNRcatalog.com

SOLD TO: GNR ACCOUNT # _____

FIRM _____

CONTACT _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE ( ) _____ FAX ( ) _____

FLORIDA COUNTY _____

SHIP TO: *(We cannot ship to a P.O. Box.)*

FIRM _____

ATTN:: _____

STREET ADDRESS _____

CITY/STATE /ZIP _____

TELEPHONE ( ) _____ FAX ( ) _____

FLORIDA COUNTY _____

PAYMENT *(Check one)*
Please make all checks payable to GNR Health Systems, Inc.

Payment Enclosed _____ Bill Account _____ New Account _____
(GNR OFFERS TERMS OF NET-30 DAYS FOR APPROVED ACCOUNTS.)

CREDIT CARD

American Express _____ Master Card _____ Visa _____

Card Holder Name _____

(Please print exact name as shown on card)

Account Number Expiration _____

SIGNATURE _____

E-MAIL _____

Order Information

All Prices FOB Shipping Point

PURCHASE ORDER NUMBER _____

ITEM NUMBER	DESCRIPTION *(Include color, size, model, etc.)*	QUANTITY	UNIT PRICE	EXTENDED TOTAL

Published prices subject to change. GNR will advise on any price increases at time order is placed.

PLEASE INDICATE PREFERRED SHIPPING METHOD

Standard UPS ___ 2-Day ___ 3-Day Select ___ Next Day ___

IF YOU WOULD LIKE AVAILABILITY AND FREIGHT CHARGES CONFIRMED, PLEASE CHECK ONE:

Phone _____ *Fax* _____

MERCHANDISE TOTAL	
	—
SALES TAX (FL)	
Shipping/Handling	
TOTAL ORDER	

GNR will add shipping/handling charges to the final total.

GNR HEALTH SYSTEMS, INC.
2341 NE 29th Avenue
Ocala, FL 34470