GNR Quote Form - GNRcatalog.com

BILL 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 _____

EMAIL _____

Email your quote to:
quotes@GNRcatalog.com

or

Fax your quote to:
800-523-0914

Call 800-523-0912
for any questions

Quote 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 ___

Please indicate the timeframe you would need items: _____

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