



1372 River Spey Ave.
 Henderson, NV 89012
 (347) 742-4100 FAX 718-228-7797
 Send Orders to: supplies@medtrakvng.com or by Fax
 Forms on Web: www.medtrakvng.com Click "Products Tab"

INVOICE
 DATE _____ Order #
 1 _____

Bill To: _____ ShipTo: _____
 Name of facility _____ Name of Facility: _____
 Address of Facility _____ Address to Ship to: _____
 City/state/zip _____ City/state/zip: _____
 Phone # _____ Phone #: () _____
 Check here if **same as** Ship to _____
 Email address: _____

Invoice #	Terms	Rep.	Ship Date	Via	F.O.B.
2 _____	Credit Card		___/___/___	Fedex or USPS	Henderson, NV

Qty	Item code	Description	Price EA	Amount
___	M917158	Goggle Foam Eye Pad Box of 10 pads	75.00	_____
1	Freight	Fedex Ground or USPS	12.98	12.98
	Tax		0.00	0.00
SUBTOTAL				\$ _____
TOTAL				\$ _____

Bill to: Credit Card Type _____ Credit Card # _____
 Expiration Date _____ Security Code _____
 Name on this credit card _____
 Address for this Card _____

I authorize MedTrak VNG, Inc. to bill my credit card in the amount above.

Card Holders Signature Sign & Fax this authorization to **718-228-7797**
 or sign and email to supplies@medtrakvng.com