



AZ Diabetic

386 Maple Ave E Ste 113
Vienna, VA, 22180-4755

Diabetic & Medical Supply Specialist

Call: 877-833-0001

Fax: 703-356-5516

Order Form

Billing Address:		Shipping Address:	
Name _____	Company _____	Name _____	Company _____
Address _____	City _____	Address _____	City _____
State _____ Zip _____	Phone # _____	State _____ Zip _____	Phone # _____
Phone # _____	Fax # _____	Fax # _____	Email _____
Fax # _____	Email _____		

Item #	Product Name	# in Pkg / Case	Price	Quantity	Total

Expedited shipping options may vary by destination and /or weight. For expedited shipping quote please call
877-883-0001



Subtotal	_____
Sales Tax	_____
Shipping (Economy Shipping)	_____
Grand Total	_____

Payment Options (check one):

Check or money order enclosed (Payable to AZ Diabetic Supply LLC)

Bill My: Visa MasterCard Discover American Express

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Card Number Expiration CVV Code

Signature: _____ Date: _____

Please complete this form, sign it, and return via Fax to: 703-356-5516