



**CWI Medical**  
 Medical Supplies & Health Care Products

**ORDER FORM**

Please TYPE or PRINT clearly.

Print out the form below and send completed with check or money order (US dollars only please) to:

**CWI Medical**  
**Attn: Customer Service**  
**200 Executive Drive, Unit D**  
**Edgewood, NY 11717**

Date: \_\_\_\_\_

Check  Money Order

Name (First/Last): \_\_\_\_\_

Telephone #: (      ) \_\_\_\_\_

Address: \_\_\_\_\_

( Note: We do not ship to P.O. Boxes. Please include Buzzer Code if an apartment/condo )

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Product:	Item Code:	Qty:	Price/Unit:	Total:

**Subtotal** \_\_\_\_\_

\* Please call us at 1-866-588-3888 for Shipping and Tax (NY Residents) Charges. Orders received without this information will not be acknowledged. Business Hours: M-F, 8:30am-5:00pm EST.

**Tax\*** \_\_\_\_\_

**Shipping\*** \_\_\_\_\_

Privacy Policy: All your information is kept confidential and will never be shared or sold. For more information on our privacy policy please visit [www.cwimedical.com/privacy-policy](http://www.cwimedical.com/privacy-policy)

**Total** \_\_\_\_\_