

## Purchase Request Form

Please complete and email form to [cs@medrepair.net](mailto:cs@medrepair.net).

**Company Legal Name:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**How did you hear about MedRepair?** Website Ebay Dotmed Other: \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Ship to Address:** \_\_\_\_\_

**Shipping Account Information:**

**Courier** \_\_\_\_\_ **Method** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Work Order/Purchase Order #** \_\_\_\_\_

\*Note: Payment Terms of Net 30 requires Pre-Approval.

**Billing Information:**

**Company Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

### Purchase Information

	Manufacturer	Model #	Quantity	Description of Item
1				
2				
3				
4				
5				
6				

**MedRepair LLC Credit Card Authorization Form**

I \_\_\_\_\_, of \_\_\_\_\_ authorize MedRepair LLC  
(Printed Name) (Company Name)

to charge my credit card listed below on my behalf for the full amount of my purchases and subsequent charges as listed on my invoice.

I further understand that no purchases or repairs will be shipped until full payment is made and MedRepair LLC has successfully received this form filled out.

Keep Card on file for future orders (Please Circle One): Yes / No

One Time Credit Card Transaction:

MedRepair Invoice #: \_\_\_\_\_

US Dollar Amount: \$ \_\_\_\_\_

Or, pay via PayPal to [katelynnl@medrepair.net](mailto:katelynnl@medrepair.net). (Note: please wait for invoice before making payment)

**Credit Card Number:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_ **CVV code:** \_\_\_\_\_

**Name (As shown on card):** \_\_\_\_\_

**Billing Address :** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_