MacGILL®
SCHOOL NURSE SUPPLIES

ORDER FORM

1000 N. Lombard Road, Lombard, Illinois 60148 | 800-323-2841 | www.macgill.com | macgill@macgill.com

BILL TO:

School Name _____

Attention _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____ PURCHASE ORDER # _____

SHIP TO: ***(IF DIFFERENT FROM ABOVE)***

School Name _____ Attention _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

ITEM NUMBER	QTY	DESCRIPTION / COLOR	UNIT PRICE	EXT. PRICE

Shipping Charges:

- Free shipping on most orders over $65.00 for customers in the 48 contiguous states.
- Customers in Alaska, Hawaii, FPOs and APOs, please contact us for charges.
- Order totals that range from **$0** to **$64.99** will incur a **$12.95** shipping charge.
- Items featuring the $ logo are not eligible for free shipping.

PAGE TOTAL	
SALES TAX (CA, IL, NC, VA)	
SHIPPING CHARGES	
TOTAL	

ITEM NUMBER	QTY	DESCRIPTION / COLOR	UNIT PRICE	EXT. PRICE

PAGE TOTAL	
FRONT TOTAL	
SALES TAX (CA, IL, NC, VA)	
SHIPPING CHARGES	
TOTAL	

ALL SCHOOLS HAVE INSTANT CREDIT

Payment Terms and Options

All schools have instant credit, meaning MacGill accepts purchase orders from public, private, and college health centers. Invoices will be sent after the completion of the order. Payment terms are Net 30. Prepayment is required for those that do not qualify for credit. If payment is in the form of a check, the check must clear before order is shipped. All major credit cards are accepted.

Sales Tax

Schools: No Sales Tax will be added except in California and North Carolina.

Businesses and Individuals: Sales Tax will be added in Illinois, California, North Carolina and Virginia, where applicable.

Price Increase

Due to unforeseen manufacturer's price increases or decreases, pricing is subject to change without prior notification. MacGill reserves the right to correct typographical errors.

Disclaimer: This document does not knowingly contain an untrue statement of materials and products or omit to cause misleading information or guidelines.

CREDIT CARD INFORMATION:

NAME ON CARD _____

CREDIT CARD
BILLING ADDRESS 1 _____

ADDRESS 2 _____

CITY_____ STATE _____ ZIP_____

PHONE (_____) _____

E-MAIL _____

VISA MasterCard AMERICAN EXPRESS DISCOVER

.

CARD #

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

EXPIRATION DATE _ _ _ _ SECURITY CODE _ _ _ _

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