



We Strive to Provide the Largest Selection of Healthcare Products at the Best Possible Value.

ORDER FORM



Suncoast Medical Equipment
412 NE Park Street
Okeechobee, FL 34972

Office: 863-467-8711
Email: SuncoastMed@aol.com
www.suncoastmedicalequipments.com

STEP 1: DELIVERY INFORMATION

Full Name:	Phone:
Address:	Email:
Address 2:	
City:	State: (Abbreviated) Zip:

STEP 2: PAYMENT INFORMATION

Card Type	<input type="checkbox"/> 	<input type="checkbox"/> 
Card Number:		
Expiration: Month:	Year: CCV#	
Name on Card:		
Credit Card Billing Address if Different from Above:		
Name:		
Address		
City	State: (Abbreviated) Zip:	

STEP 3: PLACE YOUR ORDER DETAILS

QUANTITY	PRODUCT DESCRIPTION	PRICE EACH	TOTAL
TAX (as required for residents of Florida) %			
SHIPPING			
ORDER TOTAL			

Return fee of 25% on all returned merchandise. FDA regulations prohibit return of items marked for single-patient use.
Shipping and handling fees are non-refundable.

STEP 4: SIGN AND FAX, EMAIL OR MAIL ORDER FORM

Sign and fax, email or mail this order form, along with REQUIRED PRESCRIPTIONS to:	Email: SuncoastMed@aol.com
Mail: Suncoast Medical Equipment, 412 NE Park Street, Okeechobee, FL 34972	Fax: (863) 763-6292
I am the authorized signor for the above credit card and approve the above charges to be billed to my credit card.	
Signed:	Date: