

ORDER FORM



18730 Oxnard #210
 Tarzana, CA 91356
 (800) 926-3342 Toll free
 (818) 705-0595 Local
 (818) 705-0773 Fax

INFORMATION

Name

Address

City State Zip

Telephone

E-mail

YOU MAY ALSO ORDER ONLINE
 AND VIEW NEW PRODUCTS AT:
www.medicid.com

ORDER

ITEM	QTY.	SIZE	CHAIN	PRICE
_____	_____	"	_____	\$ _____
_____	_____	"	_____	\$ _____
_____	_____	"	_____	\$ _____
_____	_____	"	_____	\$ _____
SHIPPING & HANDLING			SUBTOTAL	\$ _____
\$8.50 - STANDARD				
\$12.50 - SOLID GOLD			TAX	\$ _____
\$17.50 - NEXT DAY AIR			(CA ONLY)	
\$18.50 - CANADA GLOBAL			SHIPPING	\$ _____
\$23.00 - INTERNATIONAL			TOTAL	\$ _____

PAYMENT TYPE

Visa

Mastercard

Check

Money Order

I hereby authorize Medic Id's to charge my card for the total amount below left

Signature

Credit Card number (16 digits)

Exp. date- (MM/YY)

3 Digit Security Code

Name of Card holder

ENGRAVING

PLEASE PRINT CLEARLY. FOR LIMITS ON ENGRAVING,
 (PLEASE SEE ITEM DESCRIPTIONS).

