



UNITED COMMERCIAL UPHOLSTERY INC

www.ucuinc.com

PO# _____

Company Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____

If you have multiple ship to locations, please fill out a separate form for each order.

Shipping Address: _____

ATTN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

TAX EXEMPT (if you are tax exempt you will need to provide the necessary documentation)

PAYMENT TERMS: CREDIT CARD NET 30 (available to health care facilities)

Name: _____

Credit Card Number: _____ Exp Date: _____ CVC: _____

Returns of unused goods are subject to a 20% restocking fee. Buyer must pay cost of shipping both ways.

ISOLATION GOWN

_____ BLACK

_____ WHITE

(min order of 10 each)

We cannot guarantee a specific color, but we will do our best to accommodate any requests.

FACE SHIELD

_____ QUANTITY

(min order of 10 each)