

Date: _____

QCS Quote Number: _____

- *By checking this box, I approve the quote referenced above for purchase.*

Signature: _____

Point of Contact: _____

On-Site Point of Contact: _____

Ship-To Address: _____

Ship-To City: _____

Ship-To State: _____

Ship-To Zip: _____

Delivery Notes (after-hours delivery, work hours delivery, pallet jack required, etc.):

Bill To Information:

- *Check this box if we currently have billing information on file. We will send confirmation of the Purchase Order to complete the purchase if you check this box.*

Select your preferred payment method:

- Credit Card
- Invoice

Payment Point of Contact: _____

Billing Address: _____

Billing State: _____

Billing City: _____

Billing Zip: _____

Please note, if making a first-time purchase, unless otherwise discussed, we require a 50% deposit to move forward with any first-time order. The remaining balance (including applicable shipping and taxes) will be due upon completion of delivery and/or installation.

If you have downloaded the form and would like to send the form over directly to us, please send to info@mossmedical.us and we will confirm the order promptly! For further questions, please reach out directly to Joel Moss at jmoss@mossmedical.us or 901.483.6677