



ORDER FORM

**Address: 1829 South Dixie Highway
Pompano Beach
Florida 33060**

**Phone: USA: 800-650-5953
INT: 954-941-1288
FAX: 954-941-3380**

STEP ONE: Please provide delivery information:

Full Name :	Phone:
Address:	E-mail Address:
Address 2:	
City:	State: Zip:

STEP TWO: Please provide payment information:

International orders require a wire transfer of US\$ prior to shipping.

Card Type: VISA _____ MasterCard _____

Card Number:

Expiration: Month: _____ Year: _____ CCV # : _____

Name on Card

Credit card billing information if different from above:

First: _____ Last: _____

Address:

City: _____ State: _____ Zip: _____

STEP THREE: Please indicate your order here:

Quantity	Product Description	Price Each	Total

Tax (as required for residents of Florida) 6%	
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 FOUR: Sign and fax this order form, along with REQUIRED PRESCRIPTIONS to: 954-941-3380. You may alternatively mail it to: Southeast Oxygen, 1829 South Dixie Highway, Pompano Beach, Florida 33060

I am the authorized signor for the above credit card and approve the above charges to be billed to my credit card.

Signed: _____ Date: _____