MEDUCATE
A Division of Chek-Med Systems, Inc.

Date of Order:_____

Do you want your Brochures Personalized? Yes ☐ No ☐

200 Grandview Avenue
Camp Hill, PA 17011-1706
Phone: 1-800-451-5797
Fax: 717-761-0216
info@meducate.com

Ship to: (no Post Office Boxes)		**Bill to: (If Different from Ship To)**	
Facility		Facility	
Address		Address	
City		City	
State	Zip	State	Zip
Phone		Phone	
Fax		Fax	
Contact		Contact	
Email		Email	

Method of Payment:

☐ Bill - Net 30 Days
P.O. #: _____
(P.O. # necessary to bill account)

☐ Check or Money Order enclosed for $ _____
(No Currency)

☐ Charge to my Credit Card:
☐ VISA ☐ Mastercard
Card #: _____
Exp. Date: _____
Signature: _____

Item Number	Description	Quantity	Unit Price	Total
			Total Merchandise	
			Shipping: 7% of Total Merchandise (min $7.95)	
			Additional Shipping for Displays and/or Residential Address (call for info)	
			Subtotal	
			PA sales tax 6% of Subtotal (if applicable)	
			CA sales tax per county (if applicable)	
			Total	
			Personalized order, please mail or fax lettrhead or typewritten personalization. One time set up fee of $50.00 * Personalization change is $50.00.	

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