

Crest Healthcare Order Form

Order By Mail:
Crest Healthcare
195 Third Street South
P.O Box. 727
Dassel, MN 55325-0727

Order By Fax:
Fill in the order form
and fax to our toll-free
Fax: 1-800-369-9207,
available 24 hours.

Order online:
www.cresthealthcare.com
Order by email:
customerservice@cresthealthcare.com
Order by phone: 1-800-328-8908
Monday-Friday 7:00 a.m. until 5:00 p.m. (CST)

BILLING INFORMATION

Facility Name: _____

Customer #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Dept.: _____

Phone: _____ Fax: _____

Email: _____

SHIPPING INFORMATION

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

C/O: _____

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CHECK IF SAME AS BILLING INFO

CIRCLE PAYMENT METHOD:

CHECK WITH ORDER

PLEASE SEND INVOICE (subject to credit approval)

CREDIT CARD:

DISCOVER, MASTERCARD, VISA, AMERICAN EXPRESS

CIRCLE SHIPPING METHOD:

GROUND

1-Day

2-Day

3-Day

OTHER

UPS or FedEx Account #: _____

QTY.	PART NO.	COLOR (when applicable)	DESCRIPTION	UNIT PRICE*	TOTAL

*Prices may change without notice.

Promotion Code #: _____

Purchase Order #: _____

Credit Card #: _____

Expiration Date: _____

Credit Card Security Code: _____

Authorized
Signature: _____

Date: _____ Tax Exempt #: _____

States subject to sales tax add
applicable sales tax. Taxes are
based on shipping address.**

Sub Total

Sales Tax**

Shipping charges ***

TOTAL AMOUNT

FOR CREST USE ONLY:

**Not required if your Tax Exempt Certificate is on file at Crest.

***Shipping charges are pre-paid by Crest and added to your invoice. If payment
is "check with order," call our toll-free number for shipping charges.

**Note: Customer is responsible for any additional taxes or fees associated with
international orders.**