

# ORDER FORM

## SHIP TO:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**WOUND CENTRAL**  
 Resources for the Wound Care Clinician



Return this form with payment to:  
 Wound Central Store  
 3163 Anton Drive  
 Aurora IL 60504  
**OR FAX**  
 888-391-8014

Item #	Title/ Description/Size	Quantity	Price	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Payment must accompany orders. Check, credit card or money order.  
 Orders may also be placed online at: [www.woundcentral.com](http://www.woundcentral.com)  
 Or Call 888-TX-WOUND

Subtotal	
8.25% Sales Tax	
Shipping	
<b>TOTAL AMOUNT ENCLOSED</b>	

Check or money order enclosed  
 Credit Card (Complete section below)  
 I authorize Wound Care Education Institute to charge \$ \_\_\_\_\_  
 to my:  VISA  MasterCard  AMEX

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit security code\*\* \_\_\_\_\_

Print name as it appears on credit card bill \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \*3-digit code found on signature strip at the end of a series of numbers.  
 4 Digits for AMEX cards

### Shipping Rates

Order Amount	Rate
\$0.00 - \$5.00	\$7.95
\$5.01 - \$30.00	\$9.95
\$30.01 - \$75.00	\$10.95
\$75.01 - \$150.00	\$12.95
\$150.01 - \$250.00	\$14.95
\$250.00 +	\$16.95

Please allow 3-10 business days for delivery once your order is received.

For two day UPS delivery, please add \$14 to above shipping rate. Call for overnight delivery charge.