



1st
Medx

WWW.1ST-MEDX.COM

888-319-MEDX

Product Order Form

EMAIL TO: info@1st-medx.com OR FAX 516 224 7425
CALL: 888 319 6339

Order Form:

Shipping Address: (Please Print)

NAME: _____ EMAIL _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____ CONTACT PERSON _____

Billing Address: (Please Print) - If different than shipping address.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

CREDIT CARD NUMBER: _____ EXP Date _____ CVV _____

Product Quantity (in case quantities): _____

1st MedX-Patch: _____

Purchase Order Number: _____

Shipping Request: Regular Ground 2 Day 1 Day extra charges will apply for Express.



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Please make sure all of the sections of the order form are filled out properly to prevent any delay in your order processing and generating an invoice for shipment. **All orders will be: Plus Shipping cost.**

AGREEMENT

Applicant certifies that the above information is true and correct and Authorizes Credit Card Charges, Deposits or Payments to 1st Medx LLC Applicant agrees (1) that all invoices must be paid as per the terms stipulated by 1st Medx LLC. (2) All Sales are Final. Due to Regulations, No Returns Allowed. No Refunds. See Terms & Conditions at 1st-medx.com. (3) 1st Medx LLC is not responsible for your billing, PBM, or Insurance provider. (4) FDA CFR 207.35 Section 3. (3) *FDA requests but does not require that the NDC number appear on all drug labels and in other drug labeling, including the label of any prescription drug container furnished to a consumer.*

Signature _____ Title: _____ Date _____

Order Payment Options: Credit Card Charge at 3.5%
Direct Deposit to: 1st Medx, LLC at Chase Bank. Ac # 282789772 Routing # 021000021
Make Checks Payable to: 1ST Medx, LLC and mail to:
1st Medx LLC
1391 Old Northern Blvd.
Suite 89
Roslyn NY 11576