

**Order Form**

Date



Hopkins Medical Products  
 6850 Southbelt Dr  
 Caledonia, MI 49316  
 1-800-835-1995

**Billing Address**

HMP Account #   
 Name   
 Street Address   
 Apt/Suite   
 City   
 State  Zip   
 Phone#   
 Fax #

**Shipping Address if different from Billing Address**

Purchase Order#   
 Name   
 Street Address   
 Apt/Suite   
 City   
 State  Zip

If payment by credit card, please fill in the following information, disregard if order is being charged to Hopkins Account.

Credit Card Number  Expiration MM/YYYY

Page#	Item#	Color	Size	Qty	Description	Price	Extended
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
						Sub Total	\$ -
						Shipping	
						Total	\$ -

Shipping Chart	
\$25.00 and under	\$ 7.00
\$25.01 to \$100.00	\$ 9.00
\$100.01 to \$200.01	\$ 11.00
\$200.01 to \$350.00	\$ 14.00
\$350.01 to \$499.00	\$ 16.00
\$500.00 to \$999.99	\$ 18.00
\$1,000 and up	*****
Over 15 ilbs	*****

\*Subject to Additional Freight

Save order to file, then email to: [customerservice@hopkinsmedical.net](mailto:customerservice@hopkinsmedical.net)  
 \*Shipments outside the continental U.S. will have additional shipping charges.  
 (Hawaii, Alaska, Puerto Rico, etc, extra)  
 Indiana & Maryland please add appropriate sales tax.

As calculated from chart, above