

West Virginia Association of
Rehabilitation Facilities

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ORDER FORM

Fax or Mail Order to WVARF Address

BILL TO ADDRESS:	
Phone No:	
Fax No:	

SHIP TO ADDRESS:	
Attention:	
Phone #:	

BILLING INFORMATION
Agency Purchase Order #

*** OR ***

P-CARD
Credit Card Number:
Expiration Date:
Cardholder Name:

Special Instructions

QTY	UNIT	DESCRIPTION	PRICE	AMOUNT

Authorized by (Signature)

Date

Print Name

SUBTOTAL

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FREIGHT

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TAX RATE

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TAX

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TOTAL DUE

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