

Purchase Order Number: _____

Acct Exec ID: _____
(INTERNAL USE ONLY)

Bill To:

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Resale Tax#: _____

Method of Payment: _____ Net 30 (Credit App on File Required)

AMEX VISA MC DISCOVER

Account No: _____

Exp Date: _____ Sec Code: _____

Sig: _____

Ship To:

Name: _____

Organization: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

FedEx Shipping - OVERNIGHT

Early AM	Midday	End of Day
_____	_____	_____

FedEx Shipping - STANDARD

2nd Day	3rd Day	Ground
_____	_____	_____

This form can be completed and saved using Adobe Acrobat Reader then emailed to info@discdiseasesolutions.com. You can also complete the form, obtain a print out and fax it to 201-880-7799. Remember to choose your shipping preference. If you do not choose a method of shipping, DDS will send your order via FedEx Ground.



DDS POSTURE

Quantity	Size	Upper Chest Measurement
_____	S	24-28 inches
_____	M	28-32 inches
_____	L	32-36 inches
_____	XL	36-40 inches
_____	2XL	40-44 inches
_____	3XL	44-48 inches
_____	4XL	48-52 inches

DDS POSTURE TOTAL



DDS 100

One Size Fits All

DDS 100 TOTAL



DDS 300

Quantity	Size	Torso Measurement
_____	S	26-28 inches
_____	M	29-32 inches
_____	L	33-35 inches
_____	XL	36-38 inches
_____	2XL	39-41 inches
_____	3XL	42-44 inches
_____	4XL	45-48 inches
_____	5XL	48-51 inches

DDS 300 TOTAL



DDS 500

Quantity	Size	Torso Measurement	Panel Size
_____	S	26-28 inches	S
_____	M	29-32 inches	M
_____	L	33-35 inches	M
_____	XL	36-38 inches	M
_____	2XL	39-41 inches	L
_____	3XL	42-44 inches	L
_____	4XL	45-48 inches	XL
_____	5XL	48-51 inches	XL

DDS 500 TOTAL
