



FAX ORDER FORM

** Required Fields - Please Print*

Account Name* : _____ Account #: _____

Ship to Address 1* : _____ Ship to Address 2: _____

City* : _____ State* : _____ Zip Code* : _____ Attn: _____

Delivery Contact Name* : _____ Phone* : (____) _____ Fax: (____) _____

Requested Delivery Date* : _____ Billable Purchase Order #* : _____

Order Confirmation Fax #* : (____) _____ Advanced Ship Notice Email: _____

Facility Contact Name: _____ Facility Contact Title: _____

Facility Contact Signature: _____ Date: _____

Description	Item Number	Size	Quantity*
TheraSkin® - Small	101TSS	1" X 2" (13 cm ²)	
TheraSkin® - Large	102TSL	2" X 3" (39 cm ²)	

▶ **Fax Completed Forms To: 1-866-884-5925; Attention: SWAI Client Services** ◀
Orders must be received by 3 p.m. CST (4 p.m. EST) for next day delivery



1864 Concert Drive, Virginia Beach, VA 23453 TEL: 1-866-233-1001 FAX: 1-866-884-5925 WEB: www.SWAI.org

