Order Form

Ordered By: _____ Date: _____

Telephone: _____ Email _____

Bill To: _____ Ship To: _____

City: _____ City: _____

Province: _____ Province: _____

Postal Code: _____ Postal Code: _____

☐ Credit Card: _____ Expiration Date: _____ / _____

☐ Check

☐ Money Order

SKU	Title/Description/Variation	Quantity	Price	Subtotal
			Subtotal	
Free Shipping on all Karman Brand Products (Except to Hawaii)			Contact our Representative for Shipping Cost	
To speak to a representative, call: 866-774-8044			Total	

Mail To: Shasme Healthcare, Inc.
7235 Scottwood Ave.
Cincinnati, OH 45237—312

Fax To: 866-773-0298 (For Orders Only Please!)

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