



MedReturn  
Standard Unit

## MedReturn Drug Collection Unit Order Form

Print and Mail with Check to:

MedReturn, LLC  
P.O. Box 902  
Grafton, WI 53024



MedReturn II

### SHIPPING INFORMATION

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive news and updates via email about MedReturn?  Yes  No

### PAYMENT INFORMATION

<b>MedReturn – standard version</b>	<b>\$995</b>
Shipped via common carrier truck	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shipped on wooden pallet, fully assembled. Do you have the ability to unload 200 lbs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, interested in power liftgate delivery with \$50 upcharge?
<input type="checkbox"/> U.S. States (except WI) .....	\$995.00
<input type="checkbox"/> WI - Tax Exempt .....	\$995.00
Tax Exempt Number _____	
<input type="checkbox"/> WI .....	\$1050.72
5.6% Sales Tax included (\$995.00 + 55.72)	
<input type="checkbox"/> Liftgate delivery charge (opt.) .....	\$50.00
TOTAL _____	

<b>MedReturn II</b>	<b>\$695</b>
Shipped via Fed Ex Ground	
Weight 120 lbs	
<input type="checkbox"/> U.S. States (except WI) .....	\$695.00
<input type="checkbox"/> WI - Tax Exempt .....	\$695.00
Tax Exempt Number _____	
<input type="checkbox"/> WI .....	\$733.92
5.6% Sales Tax included (\$995.00 + 55.72)	
TOTAL _____	

Please make check payable to  
MedReturn, LLC and send to:

**MedReturn, LLC**  
**P.O. Box 902**  
**Grafton, WI 53024**

- ✓ Please allow 6 - 8 weeks for delivery
- ✓ Alaska, Hawaii, Canadian Orders, call 877-218-0990 for exchange rate (if applicable), shipping charges and delivery information
- ✓ Credit card orders accepted - call 877-218-0990
- ✓ **Purchase Orders accepted - fax to 262-377-3449**



[www.medreturn.com](http://www.medreturn.com)



[info@medreturn.com](mailto:info@medreturn.com)



877-218-0990