



Flu Vaccine Order Form
2017-2018

Flu Vaccine Order Form

***** Fax Completed Form To: 440-871-1722 *****

PDM Healthcare - 440-871-1721 x228

Please complete form

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

E-mail: _____

DEA #	_____
State License	_____

Expiry	_____
Expiry	_____

PRODUCT DESCRIPTION	Quantity	Price Only	Total Cost
Fluad 10x0.5ml Pre-Filled Syringe	# of Boxes _____	\$384.40/Box	
Flucelvax QIV 10x0.5ml Pre-Filled Syringe	# of Boxes _____	\$160.70/Box	
Flucelvax QIV 5ml Multidose Vial	# of Boxes _____	\$145.30/Box	
Afluria QIV 10x0.5ml Pre-Filled Syringe	# of Boxes _____	\$150.10/Box	
Afluria QIV 5ml Multidose Vial	# of Boxes _____	\$133.50/Box	
Excise Tax	# of Boxes _____	\$7.50/Box	
Totals			

X _____

Customer Signature (Required) **Date**

I have ordered the above quantity and agree to the terms. A copy of a DEA Registration, State Physician License or a State Pharmacy License is required to be on file with **PDM Healthcare and CSL Seqirus** before your order can be shipped. **PDM Healthcare** will not be held liable for delays or product shortage.

Terms and Conditions
 Delivery - 20% by 8/15/17, 50% by 9/15/17, 100% by 10/15/17
 Returnable Doses - 20% of each product may be returned
 Prompt Payment Discount - Members that satisfy the following payment terms 2% 60 net 61 Days
 Shipping : FREE