PLEASE PRINT CLEARLY

Langer **Distribution Order Form**

Fax: 631-667-1203
450 Commack Road • Deer Park, NY 11729

P.O #_____

Order Date: _____

Account # _____

Contact: _____

Phone: _____

Fax: _____

Ship To:

Visa, Mastercard, Amex, Discover CC#

_____ Exp Date: _____

Orders will be shipped via UPS Ground unless otherwise specified.

Quantity	Item #	Description	Size	Cost (Unit)	Extension

Orders will be shipped as items are available unless box is checked to have order ship complete

SHIP COMPLETE ☐

TOTAL