CLINT.

Clint Pharmaceuticals, Inc.

PRODUCT ORDER FORM

Customer Number	New Account	Address Change	Purchase Order number	Date
	❑ Yes ❑ No	❑ Yes ❑ No		/ /

INVOICE TO: (Name) _____ PHONE: _____

PHYSICIAN NAME: _____ FAX: _____

PURCHASE AGENT or ATTN: _____ E-MAIL: _____

ADDRESS: _____ SIGNATURE: _____

CITY: _____ STATE: _____ ZIP: _____ PRINT NAME: _____

Product Code	Product Name	Size	Quantity	Price	Amount

SPECIAL INSTRUCTIONS: _____

SHIPPING PAID BY CUSTOMER. AVERAGE SHIPPING CHARGE FOR PHARMACEUTICALS - $8.00

❑ ***PLEASE CALL AND CONFIRM MY PRODUCT ORDER***

629 Shute Lane, Old Hickory, TN 37138 • Phone: 800-677-5022 / Fax: 800-341-6440 • www.clintpharmaceuticals.com