

TOLL FREE: 800.887.2368

TEL: 718.875.4646 FAX: 718.875.4931 www.madinaonline.com

DRDER	FORM

Date	
Customer No	
New Customer check this bo	X

CUSTOMER SIGNATURE

BII	LLING INFORMATION (Ple	ease Print)		SHIP T	TO (If differen	t Billing Addr	ess)
NAME			3 T /				
ADDRESS			ΑI	DDRESS			
		APT	_				\PT
CITY	STATE	ZIP	Cľ	ТҮ		STATEZ	ZIP
TEL	FAX		TELFAX				
EMAIL			EMAIL				
PDT#	DESCRIPTION					UNIT PRICE	AMOUNT
		,			· Constitution of the cons		
						SUB TOTAL	
□ PREPAID □ *C.O.D.					SALES TAX		
AMOUNT ENCLOSED \$ ☐ CASHIER CHECK** ☐ MONEY ORDER					FOR NY CUSTOMER'S ONLY		
(PAYABLE TO MADINA INDUSTRIAL CORP.)					SHIPPING / HANDLING TOTAL		
* DO NOT SHIP C.O.D. TO INMATE ACCOUNT						IUIAL	

* *DO NOT ACCEPT PERSONAL CHECK

MINIMUM ORDER \$30.00