

EMERGENCY HEALTH SERVICES FEDERATION, INC.
BULK PURCHASE FORM
Pennsylvania Department of Health Patches

Organization Name: _____ Telephone: _____

Organization Address: _____

<u>Name:</u>	<u>Certification Level:</u>	<u>Certification No.:</u>	<u>Expiration Date:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Attach additional list of required information if necessary.*

I certify the information listed above is true and correct, and the Patches are not for resale. I understand this order is subject to verification.

 (Signature and Title of Responsible Party)

Description of Patch:	Quantity	Unit Price	Total
EMR Patch	_____	\$ 2.50	_____
EMT Patch	_____	\$ 2.50	_____
Paramedic Patch	_____	\$ 2.50	_____

POSTAGE:

01-20 Patches	\$ 2.24		TOTAL: _____
21-50 Patches	\$ 5.75	**6% SALES TAX:	_____
51-75 Patches	\$ 5.95	HANDLING:	1.50
76-200 Patches	\$ 7.55	POSTAGE:	_____
		TOTAL ENCLOSED:	_____

***If Tax Exempt, please enclose a copy of your Pennsylvania Exemption Certificate.*

MAIL YOUR CHECK OR MONEY ORDER PAYABLE TO: EHSF
722 Limekiln Road
New Cumberland, PA 17070-2354

*******NOTE: ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 SERVICE CHARGE*******