Print Email

HOME HEALTH PAVILION
*with you, all the way*

# Quote Request Form
# Purchase Order Form

**Home Health Pavilion Inc.**
5027 Route 9W
Newburgh, NY 12550
Tel : (845) 569-1250

| | |
|---|---|
| **Quote / Purchase Order #** | ---------- |
| **Contact Email Address :** | ---------- |
| **Date :** | ---------- |

| **Bill To: Person/Organization:** | | | **Ship To: Person/Organization:** | | |
|---|---|---|---|---|---|
| Name: | | | Name: | | |
| Address : | | | Address : | | |
| City : | State : | Zip : | City : | State : | Zip : |
| Telephone : | Fax : | | Telephone : | | |

| Quantity | Prod. No. | Title and Description | Unit Price | Total Price |
|---|---|---|---|---|
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|---|---|
| subtotal | |
| Shipping and handling | |
| Tax | |
| **Total** | |

If you have any questions or suggestions you may contact us by email at sales@homehealthpavilion.com or directly by phone at 845 569 1250, Monday through Friday 8:30am to 5:00pm EST. We are anxious to serve you so please let us know how we can help.

- **CHECK PAYMENT IS AVAILABLE; TERMS ARE NET 30 DAYS FROM RECEIPT OF SHIPPING.**

- **PLEASE REMIT TO ABOVE ADDRESS, ATTN: ACCOUNTS PAYABLE**

**Fax your purchase order anytime**
**CT Main Fax:** (860) 354-1123 **CT Alternate Fax**: (860) 799-6500
**NY Main Fax:** (845) 569-1291 **NY Alternate Fax**: (845) 565-9601, (845) 565-9602

**Please provide your emailfor billing, order and shipment notifications.**

Print Email