

PPE ORDER FORM

**BILL TO
NAME:**

ATTN:

ADDRESS:

CITY:

STATE:

ZIP:

PO #:

CONTACT NAME:

**SHIP TO
NAME:**

ATTN:

ADDRESS:

CITY:

STATE:

ZIP:

DATE:

PHONE:

QUANTITY

TOTAL



**Non-Contact Infrared Thermometer
Item: SK-T008**

Minimum Order Quantity: 5

Unit cost: \$60 each

In Stock, Ready to Ship

United States Inventory (MN)

X

=



**Disposable 3 Ply Mask
Item: DM-500**

Minimum Order Quantity: 1 case

Unit cost: \$395 per case of 500

In Stock, Ready to Ship

United States Inventory (IN)

X

=

**Disposable 3 Ply Mask
Item: DM-2000**

Minimum Order Quantity: 1 case

Unit cost: \$1,495 per case of 2,000

In Stock, Ready to Ship

United States Inventory (IN)

X

=



**KN95 Face Mask
Item: KN95-01**

Minimum Order Quantity: 100

Unit cost: \$3.25 each

In Stock, Ready to Ship

United States Inventory (MN)

X

=



**Face Shield
Item: SHIELD**

Minimum Order Quantity: 25

Unit cost: \$5 each

In Stock, Ready to Ship

United States Inventory (MN)

X

=

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SOURCE

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