

PEAKS & PLAINS, INC.  
6326 E. TRENT AVE. STE. A  
SPOKANE VALLEY, WA 99212-1220

**Direct Sale**  
(Private Pay)

Phone 800-585-4201  
Fax 800-886-3122

NAME \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_  
FACILITY \_\_\_\_\_ TYPE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City State Zipcode  
FACILITY \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_

**I agree to be responsible for any charges for supplies ordered for this person. I understand that all bills must be paid 30 days from the date of the invoice. I have received a copy of the Return Policy and the Protocol for Resolving Complaints.**

\_\_\_\_\_  
Signature of Patient or Person Authorized to Sign for Patient      DATE      Sales Person  
*Must have POA or Authority in Writing to Sign on Behalf of the Patient.*

Bill to, if different from above: \_\_\_\_\_ Tel \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City State Zipcode

ITEM	DESCRIPTION/SIZE	Per Day	Month