

## Purchase Request Form

*Thank you for using "My Shopping Choice". Our goal is **excellent customer service** and getting you your products quickly!*

Participant Information				
Name				
Address				
City, State, Zip				
Phone Number				
Email				
Fiscal Agent:	<input type="checkbox"/> ILife	<input type="checkbox"/> Premier	<input type="checkbox"/> GT	<input type="checkbox"/> Outreach
Other Payer:	<input type="checkbox"/>			

Ship to:       Participant                       Guardian

Guardian/Legal Guardian Information	
Name	
Address	
City, State, Zip	
Phone Number	
Email	

Consultant Information	
Name	
Phone Number	
Email	


Purchase Info	
Item	
Product/Item #	
Service Definition	
Price	

Vendor Information	
Vendor Name	
Address	
City, State, Zip	
Contact Person Name	
Phone Number	
Email	

Notes: Provide details & contact name to aide with purchasing item	
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Total Purchase Price (Office Use Only)	
Purchase price (Includes tax & shipping)	
+	
FEE	
Total Price:	

Revision: 2018.0117

<p><b>Send Purchase Request form to:</b></p> <p>Email:            order@myshoppingchoice.com</p> <p>Fax:                1-844-634-7225</p> <p>Contact:         Lacey Sime at 1-844-534-7225                                   or 608/326-0434 ext. 220                                   or info@myshoppingchoice.com</p>	 <p style="font-size: small;">www.myshoppingchoice.com</p>
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