

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: 2020.0610

Send Purchase Request form to:	
Email:	order@myshoppingchoice.com
Fax:	1-844-634-7225
Contact:	(844) 534-7225 ext. 291 or (608) 326-0434 ext. 291 or info@myshoppingchoice.com
www.myshoppingchoice.com	

