

PRE-BOOK FORM FOR 2020-2021 FLU VACCINE

In order to ensure your timely delivery of flu vaccines this year, please fill out this request form by **May 29, 2020** and send it to: customerservice@life-assist.com

If you have any questions, please call our Customer Care Center, Monday to Friday, 7am to 5pm (PST) at: **800-824-6016**

	Contact Information	Ship to Address	Bill to Address
Customer #:			
Contact name:			
Contact Phone:			
Contact Email:			PO #:

Brand	Description	Size	Ages	Unit Price	Units Ordered
Quadrivalent					
Fluzone	Prefilled Syringes (1 unit=10 doses)	5 ml	6 months+	Contact customer care	
Fluzone	Single Dose Vials (1 unit=10 doses)	5 ml	6 months+	Contact customer care	

By submitting this form, you will secure priority for the flu vaccine. You will **not** be billed until the order ships. ***These items are non-returnable.***

Print Name _____ Signature** _____ Date _____

By signing this form, you agree to all charges associated with this order and agree to remit payment accordingly. All items require refrigeration and freight charges will be applied accordingly per Life-Assist shipping policy. Your order is considered final. **These items are non-returnable.

