

MEDICAL SCRUBS FORM

Please do your best to fill out this form as accurately as possible.
We will notify when the announcement is posted. Please make sure
you check your spelling.

In completing this medical scrubs form please fill out complete names
In Address and locations, please give city state and zip.

Date you want medical scrubs to come out_____

medical scrubs will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of medical scrubs _____

Partners (include address) _____

other partners (include address)_____

Are the medical scrubs partners on the Internet? Yes____ No____

If no list the relationship of the medical scrubs _____

Company been in business for how long?_____

Partner employed by_____

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

I certify to the best of my knowledge my information is true.

(Name) _____ (Signature) _____

mail completed forms to:
MEDICAL SCRUBS DEPT
medical scrubs times
po box 391
midland tx 79701