

ORDER FORM SUREVENT® Automatic Emergency Ventilator

Customer Information: Today's Date: _____

Contact Name _____ Title _____

Company/Department _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

Department Information:

Stations _____ # Fire Engines _____ # Ground Ambulances _____ # Air Ambulances _____

Transports per year _____ For Disaster Preparedness/MCI Use _____

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
_____ cases	SV 2131-10: SUREVENT® Automatic Emergency Ventilator with pressure manometer, 6" flex hose with patient connection and 7' oxygen supply tubing. For patients 40 kg and above. (Case of 10)	\$605.00 case	\$ _____
	Shipping and handling*(Contiguous 48 United States)	\$16.00 per case	\$ _____
	Sales Tax (7.75% for California Customers)		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
	TOTAL		\$ _____

1) Our check # _____ is enclosed in the amount of \$ _____

OR

2) Please bill our credit card. Card # _____

Name as it appears on the card: _____ Exp Date _____

OR

3) Our Purchase Order is attached. Purchase order number _____

Signed _____

Printed Name _____ Title _____

Thank you for your order. We appreciate your business. Hartwell Medical reserves the right to request payment in advance until credit is established. Should you have any questions, please feel free to contact us at 1-800-633-5900.