

## 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>
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_____ cases	SV 5011EP: VAR Plus Automatic Emergency Ventilator with pressure manometer, 6" flex hose with patient connection, 7' oxygen supply tubing, and entrainment port for 50% or 100% O <sub>2</sub> delivery. For patients 10 kg and above. (Mfg. # PCM-5011), (Case of 10)	\$790.00 case	\$ _____
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**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.**