

ORDER FORM
EUROPA® Disposable Laryngoscope Blades

Please fill out both pages completely and fax, email or mail the form back to us with your preferred method of payment. Should you have any questions, please do not hesitate to contact us.

Date _____

Contact Name _____ Title _____

Department _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

Billing Address (if different) _____

City _____ State _____ Zip _____

PAYMENT METHOD

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

OR

2) Please bill our **VISA or MASTERCARD** Card # _____
* We currently accept Visa and MasterCard only *

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

Signed _____

Printed Name _____ Title _____

<u>Description</u>	<u>Quantity</u>
Macintosh #1 (10 blades per box) LB 38MAC1-DS	___ boxes
Macintosh #2 (10 blades per box) LB 38MAC2-DS	___ boxes
Macintosh #3 (10 blades per box) LB 38MAC3-DS	___ boxes
Macintosh #4 (10 blades per box) LB 38MAC4-DS	SOLD OUT
Miller #0 (10 blades per box) LB 38MIL0-DS	___ boxes
Miller #1 (10 blades per box) LB 38MIL1-DS	___ boxes
Miller #2 (10 blades per box) LB 38MIL2-DS	___ boxes
Miller #3 (10 blades per box) LB 38MIL3-DS	SOLD OUT
Miller #4 (10 blades per box) LB 38MIL4-DS	___ boxes

TOTAL # ___ boxes x \$60 (if LESS than 5 boxes total ordered) = \$ _____

OR

___ boxes x \$50 (if 5 OR MORE boxes total ordered) = \$ _____

**Get a FREE GRANDVIEW Disposable Blade with 5 or more boxes*

Shipping and handling: 1-4 boxes = \$8 Total, 5 or more = \$12 Total \$ _____
(Contiguous 48 United States)

Sales Tax (8.75% for California Customers) \$ _____

If tax exempt, please provide your Tax I.D. # _____

TOTAL \$ _____

Customer Service
800-633-5900 (ph) • 760-438-2783 (fax)
customerservice@hartwellmedical.com