

## ORDER FORM SUREVENT® Automatic Emergency Ventilator

**Customer Information:**

Today's Date: \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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: 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 4)	\$250.00 /case	\$ _____
	<i>Shipping and handling*(Contiguous 48 United States)</i>	\$ 8.00 per case	\$ _____
	<i>Sales Tax (8.75% for California Customers)</i>		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
		<b>TOTAL</b>	\$ _____

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

**OR**

2) Please bill our credit card. Card # \_\_\_\_\_

**\* We currently accept Visa and MasterCard only.**

Name as it appears on the card: \_\_\_\_\_ Exp Date \_\_\_\_\_

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Thank you for your order. We appreciate your business.  
Should you have any questions, please feel free to contact us at 1-800-633-5900.**

laa0909

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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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	\$ _____
	<i>Shipping and handling*(Contiguous 48 United States)</i>	\$16.00 per case	\$ _____
	<i>Sales Tax (8.75% for California Customers)</i>		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
	<b>TOTAL</b>		\$ _____

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Printed Name \_\_\_\_\_ Title \_\_\_\_\_

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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 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	\$ _____
	<b>Shipping and handling *(Contiguous 48 United States)</b>	\$16.00 per case	\$ _____
	<b>Sales Tax (8.75% for California Customers)</b>		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
		<b>TOTAL</b>	\$ _____

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