

ORDER FORM SUREVENT® FlowMaster MCI Kit

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>
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_____ cases	SV 1530: SUREVENT® FlowMaster™ MCI Kit	\$1,695.00 /case	\$ _____
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with 7 Outlet Manifold Unit, Pressure Gauge and
0-25 LPM Adjustable Flowmeters, 20' Oxygen Supply
Hose with DISS fittings and Laminated Patient Log Placard
(DOES NOT include Automatic Resuscitator units)

Shipping and handling*(Contiguous 48 United States) \$25.00 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 # _____

*** 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.**

REV. 0317

ORDER FORM Automatic Resuscitator

Customer Information:

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 _____

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
_____ cases	SV2131-B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 4 units per case)	\$380.00 case	\$ _____

Shipping and handling (Contiguous 48 United States) \$10.00 per unit \$ _____

Sales Tax (7.75%) California customers \$ _____

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

TOTAL \$ _____

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

or

Bill to Credit Card.

Name as it appears on card _____

__ Visa __ MasterCard Card # _____ Exp _____

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.

ORDER FORM Automatic Resuscitator

Customer Information:

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 _____

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
_____ cases	SV 2131-10B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 10 units per case)	\$950.00 case	\$ _____
	Shipping and handling (Contiguous 48 United States) \$16.00 per unit		\$ _____
	Sales Tax (7.75%) California customers		\$ _____
	(If tax exempt, please provide your Tax I.D. # _____)		
	TOTAL		\$ _____

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

or

Bill to Credit Card.

Name as it appears on card _____

___ Visa ___ MasterCard Card # _____ Exp _____

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.