Creating Quality Products for Life

ORDER FORM

SUREVENT® FlowMaster MCI Kit

Customer Info	rmation	:		То	day's Date: _				
Contact Name			Title						
Department									
Mailing Addres	S								
City					State	_ Zip			
Street Address			· · · · · · · · · · · · · · · · · · ·						
City			·····		State	_ Zip			
Phone		()		Fax (_)				
E-mail									
Department In	formatio	on:							
# Stations	# Stations # Fire Engines # Ground Ambulances _				# Air Ambulances				
# Transports pe	r year			For Disas	ter Preparenes	ss/MC	CI Use		
Quantity	Descrip	<u>otion</u>			<u>Unit Pri</u>	<u>ce</u>	Extension		
cases	with 7 C 0-25 LP Hose w (DOES Shippin	D: SURE VENT® FlowMaster™ MCI Kit \$1,795.00 /case \$							
	(If tax e	tax exempt, please provide your Tax I.D. #)		
1) Our check # OR 2) Please bill ou * We curren		 card. Card #	asterCard only.		TOTA		\$		
					-	Exp D	Oate		
Signed						•			
Printed Name					Title				
			your order. We apprec						

Should you have any questions, please feel free to contact us at 1-800-633-5900.

REV. 0720

Creating Quality Products for Life

ORDER FORM

SB-2131B Automatic Resuscitator with Manometer

Customer Info	rmation	:								
Contact Name							Tit	tle		
Department										
Mailing Addres	SS									
City							State	Zip		
Street Address										
City							State	Zip _		
Phone		()			Fax (_)			
E-mail										
Department In # Stations # Transports pe	# Fire	Engines_			and Ambula	inces	# A	ir Ambu	lances	
Quantity	<u>Descrip</u>	<u>tion</u>					<u>Unit l</u>	<u>Price</u>	Extension	
cases	SV2131	31-B Automatic Resuscitator with Manometer \$476.00 case \$ & Flex Hose (Packaged and sold in cases of 4 units per case)								
	Shippin	Shipping and handling (Contiguous 48 United States) \$15.00 per case \$								
	Sales Tax (7.75%) California customers								\$	
	(If tax exempt, please provide your Tax I.D. #									
								TOTAI	L \$	
1) Our check # OR			_ is en	closed in	the amount	of \$			-	
2) Please bill ou * We current	ur credit o	card. Car ot Visa a	d#_ nd Ma	asterCard	l and Amer	rican Ex	press only	y .		
Name as it appears on the card:						_ Exp [Date			
Signed										
Printed Name							Title			
		Thanks	zou for	vour order	· We annreci	ate vour k	nusiness			

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 0720

Creating Quality Products for Life

ORDER FORM

SB-2131-10B Automatic Resuscitator with Manometer

Customer Info	rmation	1:							
Contact Name						Title	e		
Department									
Mailing Addres	SS								
City						State	Zip		
Street Address									
City						State	Zip _		
Phone		()		Fax (_)			
E-mail									
Department In	ıformati	on:							
# Stations # Fire Engines # Ground Ambulances						# Air Ambulances			
# Transports pe									
Quantity	Descrip	otion_				<u>Unit Pı</u>	<u>rice</u>	Extension	
cases	SV 213	1-10B	Manome	ic Resuscitator with eter & Flex Hose d and sold in cases of 1	\$1190.00 er case)	0 case	\$		
	Shippin	ipping and handling (Contiguous 48 United States) \$20.00 per case \$							
	Sales T	ax (7.7	75%) Cali			\$			
	(If tax e	exempt,	, please p	provide your Tax I.D.)			
							TOTA	L \$	
			is en	closed in the amount	of \$				
OR 2) Please bill ou * We current	ur credit	card. (pt Visa	Card # and Ma	asterCard and Amer	ican Ex	press only.			
Name as it appears on the card:				Exp Date					
Signed									
Printed					Title		······································		
		Thar	nk you for	your order. We appreci	ate your l	business.			

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 0720