

**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>
_____ cases	SV 1530: SUREVENT® FlowMaster™ MCI Kit 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)	\$1850.00 /case	\$ _____
	<b>Shipping and handling*(Contiguous 48 United States)</b>	\$25.00 per case	\$ _____
	<b>Sales Tax (7.75%) for California customers</b>		\$ _____
	(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.**

## ORDER FORM

### SB-2131B Automatic Resuscitator with Manometer

#### Customer Information:

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

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

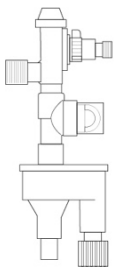
#### Department Information:

# Stations \_\_\_\_\_ # Fire Engines \_\_\_\_\_ # Ground Ambulances \_\_\_\_\_ # Air Ambulances \_\_\_\_\_

# Transports per year \_\_\_\_\_

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
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_____ cases	SV2131-B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 4 units per case)	\$496.00 case	\$ _____
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*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. # \_\_\_\_\_)

**TOTAL \$ \_\_\_\_\_**

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

**OR**

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

**\* We currently accept Visa and MasterCard and American Express 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 0720**

## ORDER FORM

### SB-2131-10B Automatic Resuscitator with Manometer

#### Customer Information:

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

Department \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

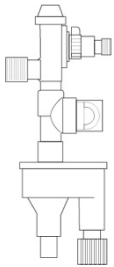
#### Department Information:

# Stations \_\_\_\_\_ # Fire Engines \_\_\_\_\_ # Ground Ambulances \_\_\_\_\_ # Air Ambulances \_\_\_\_\_

# Transports per year \_\_\_\_\_

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Extension</u>
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_____ cases	SV 2131-10B Automatic Resuscitator with Manometer & Flex Hose (Packaged and sold in cases of 10 units per case)	\$1240.00 case \$ _____	
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**Shipping and handling (Contiguous 48 United States) \$20.00 per case** \$ \_\_\_\_\_

**Sales Tax (7.75%) 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 and American Express 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 0720**