

Ultrasound Supply ORDER FORM

Order Date

Fax to: Imaging Concepts (804) 755-8711

#1

What
Items
Would
You Like
to
Order?

Qty	U/M	Part Number	Description	Price	Ext
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#2

Cust.ID
If known

Customer ID Number

#3

PO No.
If required

Purchase Order Number

#4

Current
customers
include only
account name.
If multiple ship to
addresses
include street
address for ship
to location.

ACCOUNT NAME _____

Bill To Address:

Ship To Address (if different than Bill To):

#5

Who Do
We Call w/
Questions?

Contact Name

Phone Number

#6

How
Would
You Like
Your
Order
Shipped?

Shipping Instructions:

(check one)

(freight charges will be added to your invoice)

- UPS Ground
- UPS Blue (2-Day)
- UPS Orange (3-Day)
- UPS Red (Overnight)
- Other (Specify) _____

#7

How
Would
You Like
To Pay?

Payment Terms:

- BILL ME Net 30 Days existing customers
- CHARGE TO CREDIT CARD

Card No: _____
Expiration Date: _____
Name on Card: _____
Signature: _____