

Medical Supply Order Form



CUSTOMER INFORMATION

Customer Name	Last Name		Company/Organization	
	First Name			
Mr. Ms. Mrs. Dr.	Title		Department	
Billing Address	Street Address			
	City	Province	Country	Postal Code
Delivery Address if different from Billing	Street Address			
	City	Province	Country	Postal Code
Contact Phone Number		Contact Email Address		
Tax Exempt #				

MEDICAL EQUIPMENT REQUEST

<input type="checkbox"/> Government Use	<input type="checkbox"/> Medical Field Use	<input type="checkbox"/> Other (provide detail)	PO Number
Items requested (check all that apply)			
<input type="checkbox"/> KN95 Masks	<input type="checkbox"/> Level One Mask	<input type="checkbox"/> Level One Gown (TBC)	

ITEM	NATURE OF USE (ADD DESCRIPTION)	QUANTITY	UNIT PRICE	TOTAL PRICE
KN95 Masks				
Level One Mask				
Level One Gown (TBC)				

TOTAL	
DEPOSIT REQUIRED (50%)	
BALANCE DUE AT SHIPPING DATE	
SHIPPING DATE	SALES REP NAME

PAYMENT INFORMATION

<input type="checkbox"/> Credit Card	<input type="checkbox"/> EFT	<input type="checkbox"/> Cheque	Office Use Only	<input type="checkbox"/> Deposit Received
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DISCLAIMER

Regardless of the origin of the equipment, documentation provided or identification appearing upon the equipment, the equipment described and offered here is in no way certified for, recommended for, or offered for any specific use. The purchaser agrees that the seller shall not be held responsible or liable for any injuries or damages, whether incidental or consequential, associated in any way with the equipment. The purchaser, by purchasing this equipment, indicates their acknowledgment of, and agreement to the terms of this disclaimer. **WAIVER LIABILITY AND INDEMNIFICATION AGREEMENT** By placing this order with THE SELLER of this sale and accepting the parts, the purchaser agrees that the purchased materials or parts will be used solely at the purchaser's risk and that the purchaser will indemnify and hold THE SELLER, its owners and employees, free and harmless from all loss, liability and damage resulting from claims brought by any regulatory agencies, or by reason of any alleged failure or defect of any parts supplied by THE SELLER.

Signature

Date