Applied Medical Technology, Inc.

ORDER SHEET

Save form as a PDF and Email to CS@AppliedMedical.net

Date:	Account:	New:

General Information:

Full Company Name:

Contact Name:	Shipping same as Billing **Check If Yes** ☐
Bill To Address:	Ship To Address:
APT.#/Suite/P.O. Box:	APT.#/Suite/P.O. Box:
City:	City:
State: / Zip-Code:	State: / Zip-Code:
Phone: / Fax:	Phone: / Fax:
Email:	Email:

Product Information:

Quantity	Item Number	Description	Price

Notes:

If Paying By
*__Credit Card__

☐ Visa ☐ Master Card ☐ Discover Card ☐ American Express	**Purchase Order#**
Credit Card Number:	Security Code:
Expiration Date:	**Salesperson:**
Tax-Exempt Number:	Notes:
Shipping Information: Method Of Shipping [*No Third Party Billing Only Our UPS (Please check one)]:	Receiving Contact Name:
UPS:	Phone:

☐ (Next Day-Early AM)
☐ (Next Day-STD.)
☐ (Next Day Saver-Afternoon)
☐ (2-Day-Early AM)
☐ (2-Day Saver Afternoon)
☐ (3-Day Select)
☐ (GND.-Com.)
☐ (GND.-res.)

*CREDIT CARD ORDERS CAN ALWAYS CALL IN THE CREDIT CARD INFORMATION

To Pay By Wire – Call For Information: 800 869 7382

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An ISO 13485 Registered Company CE

DCN: 11-002.F2
Revision Date 10/09/2019

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