



Fax Your Order to 503-617-1823

CUSTOMER INFORMATION

Company/Institution _____

Contact Name _____ Title/Position _____ Telephone () _____

Fax () _____ Email _____

Billing Address: Street _____

City _____ State _____ ZIP _____

Shipping Address: Same as above Street _____

City _____ State _____ ZIP _____

ATTN _____

ORDER INFORMATION

Order Date _____ Requested Ship Date _____ Or, Requested Delivery Date _____

Customer Purchase Order _____ (please fax copy of PO to 503-617-1823)

PAYMENT OPTIONS VISA MasterCard Terms, net 30, with approved application Check (mail to address below)

Card Number	Expiration Date	Verification Code	

X _____ Name on Card _____ Date _____

Authorized Signature
 The issuer of the card identified on this item is authorized to pay the amount shown as TOTAL upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

NOTE: Your credit card statement address must match Billing Address listed above.

Internal Use Only: _____ CC Verified: _____ Authorization Code: _____

Product Description	REF	Unit Price	Bag/Case Price	Qty. Ordered	Extended Price
HemoBand (standard)—Sterile					
Bag—12 sterile HemoBands	HB-1M	\$ 11.55	\$ 138.60		\$
Case—12 sterile HemoBands per bag, 120 per case	HB-1M	\$ 10.45	\$ 1,254.00		\$
HemoBand (standard)—Non-Sterile					
Bag—24 non-sterile HemoBands	HB-NS	\$ 6.30	\$ 151.20		\$
Case—24 non-sterile HemoBands per bag, 360 per case	HB-NS	\$ 4.30	\$ 1,548.00		\$
HemoBandXL (extra long)—Non-Sterile					
Bag—24 non-sterile HemoBands	HB-NSXL	\$ 6.85	\$ 164.40		\$
Case—24 non-sterile HemoBandXLs per bag, 360 per case	HB-NSXL	\$ 4.85	\$ 1,746.00		\$

Order Subtotal \$

SHIPPING OPTIONS FedEx Ground UPS Ground FedEx Overnight UPS Overnight \$

Shipping charges will be added to order

Please bill my freight account FedEx UPS your acct no. _____

Note: All pricing is in U.S. Dollars. Prices subject to change without notice. All pricing F.O.B. Portland, OR. Terms are net 30 with approved credit application.

Fax this order to **503-617-1823** or order online at **www.hemoband.com**
 or mail with check to **HemoBand Corporation, 515 NW Saltzman Rd #797, Portland, OR 97229**

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Innovations For Access, Inc.	
	Business name, if different from above Hemoband, Inc. (dba)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 515 NW Saltzman Rd. #797	Requester's name and address (optional)
	City, state, and ZIP code Portland, OR 97229-6098	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
93 1056446

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>[Handwritten Signature]</i>	Date ▶ <i>1/6/2009</i>
------------------	---	------------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,