HemoBand® CORPORATION

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	$ 11.90	$ 142.80		$
Case—12 sterile HemoBands per bag, 120 per case	HB-1M	$ 10.77	$ 1,292.40		$
HemoBand (standard)—Non-Sterile					
Bag—24 non-sterile HemoBands	HB-NS	$ 6.47	$ 155.28		$
Case—24 non-sterile HemoBands per bag, 360 per case	HB-NS	$ 4.98	$ 1,792.80		$
HemoBandXL (extra long)—Non-Sterile					
Bag—24 non-sterile HemoBands	HB-NSXL	$ 7.03	$ 168.72		$
Case—24 non-sterile HemoBandXLs per bag, 360 per case	HB-NSXL	$ 5.41	$ 1,947.60		$
				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 97229-6190**

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