



BiPAD Order Form

Thank you for your order! Please send completed forms to
product.orders@bipadsurgical.com

Contact Information:

Salesperson Name:

Salesperson ID:

First Name:	Last Name:	Title:
Email Address:		Phone:
Facility Name		

Shipping Information:

- Shipping is charged separately RUSH ORDER Arrive by 10:30AM
- All items will ship Fedex Ground unless noted . Arrive by 3:00PM
- Order must be placed by 2PM ET for next day arrival.

Attention to:	Phone:
Facility Name	
Shipping Address:	City, State, Zip:
<input type="checkbox"/> Please use our facilities Fedex Account for shipping.	Fedex Account Number:

Billing Information:
 Same as above

First Name:	Last Name:	Title:
Email Address:		Phone:
Facility Name		
Shipping Address:	City, State, Zip:	

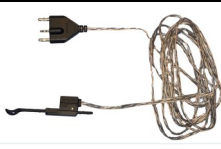


PO Information:

A PO is required to send product. Please attach a PO to have your trial processed quickly. If BiPAD should follow up with another person for the PO, please provide the contact information here.

Name:	Title:
Phone:	Email:

Order Information:

Orders must be placed in multiples of 20. A P.O. is required for purchase. Please attach with completed order form.

Medtronic/Valley Lab Compatible BP –105M	Codman/Malis Compatible BP –105C	Codman/Malis Reusable Y Connector BP—105CY
<input type="checkbox"/> 20 Units <input type="checkbox"/> 40 Units <input type="checkbox"/> 80 Units _____ Total Multiples of 80	<input type="checkbox"/> 20 Units <input type="checkbox"/> 40 Units <input type="checkbox"/> 80 Units _____ Total Multiples of 80	One reusable Y-Connector adapter is needed for each Codman/Malis Generator. Total Needed: _____
		

Signature

Date