



COST-CUTTING CONCEPTS FOR ENDOSCOPY

You can fax this order to us at 229-551-9970, or mail it to:

ENDObasic, Inc.

402 East Gate Drive Thomasville, GA 31757 229-551-9969 info@endobasic.com

Date of Order: \_\_\_\_\_ Authorization Signature: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Mail: Endobasic, Inc. 402 East Gate Drive Thomasville, Ga 31757

Fax: (229) 551-9970

Phone: (229) 551-9969

Table with 4 columns: Item, Quantity, Price, Sub-Total. Contains 5 empty rows.

shipping: [ ]

Total: [ ]

Delivery Information:

Company Name: \_\_\_\_\_ Title (Dr., Mr., Ms.): \_\_\_\_\_
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Street Address 1: \_\_\_\_\_
Street Address 2: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
E-mail address: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_
Fax Number: \_\_\_\_\_

Credit Card Information:

Card Type (VISA, Mastercard, American Express): \_\_\_\_\_
Credit Card Number: \_\_\_\_\_ Billing Address Zipcode: \_\_\_\_\_
Expiration Date: month \_\_\_\_\_ year \_\_\_\_\_ Three digit number from back of card: \_\_\_\_\_
Cardholder Name: \_\_\_\_\_
Signature: \_\_\_\_\_

Billing Information:

Company Name: \_\_\_\_\_ Title (Dr., Mr., Ms.): \_\_\_\_\_
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_
Street Address 1: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
E-mail address: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax Number: \_\_\_\_\_