

ORDER FORM



**AMERICAN RIVER
MEDICAL**

True Solutions.

Phone to:
1 (800) 285-2300

Fax to:
(916) 563-8232

Mail to:
2201 Francisco Dr, Suite 140-387
El Dorado Hills, CA 95726

Name _____ Title _____

Phone _____ Fax _____ E-mail _____

BILL TO:

SHIP TO:

City _____ City _____

State _____ Zip _____ State _____ Zip _____

ITEM#	QTY	DESCRIPTION	PRICE	TOTAL

Purchase order# _____ *Please attach P.O. and certificate for tax exempt entities* **TOTAL** _____

PAYMENT TYPE

- Visa
 Mastercard
 American Express
 Discover
 Check Enclosed *(Make payable to American River Medical)*

YES, Please add me to your "In-Touch" list (database) to receive emails, etc.

Name on card _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Expiration Date ____ / ____ CVV _____
(3-digit code on back of card)

Signature _____

Purchasing Terms: Pricing and terms reliable but subject to change at any time. Orders must be received and accepted to begin processing. Standard credit terms are NET 30 days upon receipt and acceptance of valid purchase order. Orders under \$100.00 have a \$25.00 service charge. Standard Freight is Prepay and Add to credit card or invoice. Please contact us for a freight quote. We gladly accept VISA, MASTERCARD, AMEX, and DISCOVER credit cards from hospital, government, and health care facilities.