



743 Spirit 40 Park Drive, Unit 112
 Chesterfield, MO 63005
 O: 636-333-1010 F:636-333-1011

FACE SHIELD ORDER FORM

ACCOUNT NAME: _____

FACILITY / ENTITY NAME _____

ORDER CONTACT NAME: _____ EMAIL: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILL TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

CUSTOMER PURCHASE ORDER: _____ ORDER DATE: _____

QTY	CATALOG #	DESCRIPTION	PRICE	TOTAL PRICE
	FS2-6	6 Pack Box	\$30 / Box	\$
	FS2-25	25 Pack Box	\$113 / Box	\$

**** Shipping is not included. All Freight Charges are FOB from inx Medical Facility ****

PAYMENT OPTIONS (please check only one): <input type="checkbox"/> Invoice <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX

CREDIT CARD NO: _____ **EXP:** _____ **CODE:** _____

To ensure prompt shipment of your order, please return the completed form to our Customer Service Department.

- By fax: 636-333-1011
- By email: info@inxmedical.com

**Please note that all orders placed after 12 noon CST will be processed the next business day.*

AUTHORIZED SIGNATURE: _____ DATE: _____