



## NEXUS LIGATOR ORDER FORM

ACCOUNT NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

ORDER CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

CUSTOMER PURCHASE ORDER: \_\_\_\_\_ ORDER DATE: \_\_\_\_\_

QTY	CATALOG #	DESCRIPTION	PRICE	TOTAL PRICE
	N1101-10	10 Nexus® Hemorrhoid Ligators	\$575 / Box	
	N1101-5	5 Nexus® Hemorrhoid Ligators	\$305 / Box	

**Includes 10 individually packaged lighted anosopes (Please check only one):**

☐ CATALOG # S1890 Slotted anosopes (18mm x 90mm) ☐ CATALOG # S2396 Slotted anosopes (23mm x 96mm) ☐ CATALOG # B18103 Beveled anosopes (18mm x 103mm)

**SHIPPING OPTIONS** (Please check only one):

☐ UPS GROUND (Provided free of charge – please allow 5-6 business days from processing)

**If you prefer expedited delivery, please choose from one of the options below:**

☐ UPS NEXT DAY / by 8:30am ☐ UPS NEXT DAY / by 10:30am ☐ UPS NEXT DAY / by 3pm

☐ UPS 2 DAY DELIVERY ☐ UPS 3 DAY DELIVERY

*\*Please note you will be invoiced for expedited shipping.*

**PAYMENT OPTIONS** (please check only one):

☐ Invoice ☐ Visa ☐ MasterCard ☐ AMEX

**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](mailto:info@inxmedical.com)

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

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_