



ORDER FORM

Billing Name	_____	Ship To Address	_____
Address #1	_____	Address #1	_____
Address #2	_____	Address #2	_____
City	_____	City	_____
State, Zip	_____	State, Zip	_____
Phone Number	_____	Purchase Order #	_____
Fax Number	_____	Contact Name	_____

Item Number	Description	# Cases	Price/Case	Extended Cost
<input type="checkbox"/> 69-10050	AiM Vascular Mapping Kit *(10 kits/Case) <u>Ink Delivery System</u>		\$99.50	
<input type="checkbox"/> 69-10051	AiM Vascular Mapping Kit *(10kits/Case) <u>Skin Indentation System (No Ink)</u>		\$99.50	
<input type="checkbox"/> 69-10025	AiM Shadow Guides *(20/case) <u>Needle Guidance System</u>		\$95.00	

Ship Via: Ground Next Day, AM Next Day, PM 2nd Day Air

Note: Orders for 5 Cases or more of AiM Kits will receive FREE UPS GROUND SHIPPING

All items are subject to sales tax and shipping charges

Please list e-mail address for order confirmation _____

AiM Medical Technologies accepts Visa or Master Card

Credit Card Type: _____ VISA _____ MasterCard

Credit Card Number: _____ Exp. Date _____

Credit Card Holder's Billing Address must match the above billing information or order can not be processed.

Fax orders to: (602) 274-4384

Contact Customer Service @ (866) 511-KITS

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