



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

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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