

# PHILIPS End User Order Form

Rev 2/10/2014 TAA

Date:

Fax, For Chapter Use Only:

Red Cross Chapter

American Red Cross	
Email:	Jennefer.Moore@redcross.org

Red Cross Contact Information

Jennefer Moore	
Telephone:	616-456-8661

Contract Number

SAR	AR61
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Customer Shipping Address (no PO Box)

Branch District Library 10 E. Chicago St Coldwater, MI 49036
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Customer Billing Address

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Name of Ship to Contact and Phone Number

Evette Atkin, 517-278-2341
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Title/Dept

Library Director
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Authorizing Physician\*: If applicable, include physician's name, address and phone number below.

Name	Dr. John Kazmierski, DO
Address	1030 Harrington, Suite 101 Mt. Clemens, MI 48043
Ph No.	586-463-8503

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Qty	Item	Description	Price	Discount %	Extended Price
6	M5070A	Replacement battery	\$ 169.00		\$ 1,014.00
6	M5071A	Replacement/spare adult pads cartridge	\$ 67.00		\$ 402.00
6	M5072A	Replacement/spare pediatric pads cartridge	\$ 108.00		\$ 648.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

PAYMENT TERMS: Net 30 days from date of invoice. Orders are subject to Philips' credit review, approval and acceptance. TAXES: The purchase price stated herein does not include applicable sales, excise or other use taxes in effect or later levied. Philips shall invoice customer for those taxes and customer shall pay those taxes in accordance with the terms of the invoice. SHIPPING: Shipping costs are included in product prices (FOB destination). Rush shipments may be available for an additional fee. RETURNS: Philips must authorize all product returns. To obtain a return authorization number (REQUIRED for ALL returns), call 1-800-934-7372. Customer shall pay all shipping charges for returns. Returns may be subject to a restocking charge and must be made within 60 days after shipment from Philips. Philips does not accept returns of products that have been opened, are expired or damaged. WARRANTY: For warranty and technical issues, call 1-800-263-3342. US USE: Products are for end-use in the USA only.

Subtotal	\$ 2,064.00
Tax	\$ -
Shipping	\$ -
<b>TOTAL</b>	<b>\$ 2,064.00</b>

Purchase Order No.
Tax Exempt No.
**Tax Exempt Certificate Required**

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CREDIT CARD INFORMATION

Type	<input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Mastercard
Card No.	
Expiration Date	
Name On Card	

Customer Signature & Date

Print Name & Title

Notes:

CONFIDENTIAL