



CUSTOMER ORDER FORM

Purchase Order (PO)* _____ Date* _____

Account Name* _____ Account # _____

Physician Name* _____ State License #* _____

Ship to Address* _____

Street

Suite #

City

State

Zip Code

Bill to Address _____

(If different than above)

Street

Suite #

City

State

Zip Code

Billing Contact Name* _____

Phone* _____ Email* _____

Sales Representative _____

*Required fields

Item Description	Item Number	Price	Quantity	Estimated Price Total
AcellFX 5mm Disc	FX005	\$300		
AcellFX 8mm Disc	FX008	\$350		
AcellFX 10mm Disc	FX010	\$450		
AcellFX Cross Action Forceps	ACELLFX-Forceps	\$150		
Spear Eye Sponges PVA - 5 Spears/Foil	QPV091	\$5		
		Total:		

Minimum Order Amount is \$150

SHIPPING OPTIONS (Please Select One):

☐ 2nd Day Air (Free)
 ☐ Standard Overnight (\$35)
 ☐ Priority Overnight by 10:30am (\$50) (If available)
 ☐ Priority Overnight by 8:00am (\$75) (If available)

Note: Orders are generally processed within 1 business day of payment receipt. 2nd Day orders are only shipped Monday through Wednesday to avoid potentially uncontrolled temperatures over the weekend.

PAYMENT TERMS:

Net Payable by Credit Card. Shipping charges are added to the invoice. Secure credit card payment link will be sent from do-not-reply@worldpay.com. Payment link will be active for 72 hours. **Product not eligible for returns.**

To PLACE AN ORDER:

Email: Customer.Service@theapharma.com or Fax: 414.501.3136

Customer Service: 833.838.4028 **Hours:** Monday - Friday, 9:00am-6:00pm ET