



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 10 mm Disc | FX010 | \$450 | | |
| | | 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