DISTRIBUTOR ORDER FORM

Date: _____ Acct # _____

Need By: _____ P O # _____

TO ORDER: **800 - 677 - 2673**

704 - 344 - 9733 fax

SHIPPING METHOD: Freight Collect Info: _____

US Mail **Ground** **3Day** **2Day** **Next Day**

Bill to: _____

Accts Payable _____

_____

zip _____

Phone: _____

Fax: _____

Contact / email _____

Ship to: _____

_____

zip _____

Phone: _____

Fax: _____

Contact / email _____

QTY	MODEL	HEAD #	BKGRD COLOR	TUBING COLOR

QTY	MODEL	HEAD #	BKGRD COLOR	TUBING COLOR

UltraScopes come with a Lifetime Warranty, therefore are sold as a complete unit.

FILL OUT ENGRAVING FORM & ATTACH.

HEAD Display Case ? **12, white** - n/c

HEAD Display Case ? **24, black** - $15.00

ASSEMBLED ? **Y** **N**

NEW ACCOUNT ? **Y** **N**

Please check below:

ZIP BAG _____

or **BOX** _____

Notes:

Parker Medical Associates, LLC • 2401-C Distribution Street • Charlotte, NC 28203
800-677-2673 • Fax 704-344-9733 • ultrascope@parkermedicalassociates.com
http://ultrascopes.com

Parker Medical Associates
Healthcare Products