



# Applied Medical Technology, Inc.

## Order Sheet

Date:	Account:	New:
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General Information:

**Full Company Name:**

Contact Name:	Shipping same as Billing <input type="checkbox"/> <b>Check If Yes</b>
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Bill To Address:	Ship To Address:
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APT.#/Suite/P.O. Box:	APT.#/Suite/P.O. Box:
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City:	City:
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State:	Zip-Code:	State:	Zip-Code:
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Phone:	Fax:	Phone:	Fax:
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Email:	Email:
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**Product Information:**

Quantity	Item Number	Description	Price

Notes:

If Paying By  
\***Credit Card**

<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card <input type="checkbox"/> American Express	<b>Purchase Order#</b>
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Credit Card Number:	Security Code:
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Expiration Date:	<b>Salesperson:</b>
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Tax-Exempt Number:	Notes:
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<b>Shipping Information:</b> Method Of Shipping [ *No Third Party Billing Only Our UPS (Please check one)]:	Receiving Contact Name:
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UPS:	Phone:
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<input type="checkbox"/> (Next Day-Early AM)	<input type="checkbox"/> (3-Day Select)
<input type="checkbox"/> (Next Day-STD.)	<input type="checkbox"/> (GND.-Com.)
<input type="checkbox"/> (Next Day Saver-Afternoon)	<input type="checkbox"/> (GND.-res.)
<input type="checkbox"/> (2-Day-Early AM)	
<input type="checkbox"/> (2-Day Saver Afternoon)	

\*CREDIT CARD ORDERS CAN ALWAYS CALL IN THE CREDIT CARD INFORMATION  
[To Pay By Wire – Call For Information](#)