

HALO Medical Technologies 2436 Emrick Boulevard Bethlehem, PA 18020

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www.HaloMedTech.com

DISPOSABLE SUPPLIES ORDER FORM

Please complete this form and e-mail it to HALO. You will receive a confirmation by e-mail.

PO #										
Bill To:				Ship To:	Ship To: Same as "Bill To" Information					
Name				Name	Name					
Company				Compa	Company					
Address				Addre	Address					
City ST Zip				City	ST Zip					
Phone				Phone						
E-mail				E-mail						
Part No.	Item	Descripti			QTY P/PACK	Unit Price	QTY	Amount		
НМТ-ЕРС	48 8	Endoanal or Endovaginal P Free, Nonsterile, Nonlubi	overs Latex-		20 Each	\$65.00				
HMT-SPC		Viral Barrier Surface Prol Free, Nonsterile, No	ated		20 Each	\$65.00				
HMT-RSK	3	srectal ı	non- sterile, ultrasound nsion tubing		10 Kits	\$ 140.00				
					Product Total * (not including shipping)					
Need By Payment Method:										
TERMS & CONDITIONS: Claims arising from invoices/product receipt must be made within 7 working days. A \$50 minimum or 10% restocking fee will apply for all returns not the fault of Halo Medical Technologies.			0	CREDIT CARD		O VISA OMAST		STERCARD	TERCARD DISCOVER	
				NAME ON CARD			·		•	
				CARD#						
SHIPPING INFORMATION: Specific shipping costs will be calculated and added to the final invoice and credit card charges. Unless otherwise specified, HALO uses FedEx Ground or USPS services.				Exp Date (MM		/YR)		SEC CODE		
				СНЕСК	Must have approved credit application on file. MAKE CHECKS PAYABLE TO HALO MEDICAL TECHNOLOGIES					
HMT- AOF February 2024			C	INVOICE	Polce Please issue PO # - All invoices are due within 30 days of invoice date.					