

*"A leader in home diagnostics nationwide"*

## Client Information

Company Name: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# of CMS50F Devices: \_\_\_\_\_ Total Cost: \_\_\_\_\_ (Free Shipping)

## Credit Card Information

Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ CID#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Internal Office Use Only (Do Not Fill Out)

# of CMS50F Devices: \_\_\_\_\_ Paid:  Yes  No Ship Date: \_\_\_\_\_ Order Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

SN#: \_\_\_\_\_ SN#: \_\_\_\_\_ SN#: \_\_\_\_\_ SN#: \_\_\_\_\_

SN#: \_\_\_\_\_ SN#: \_\_\_\_\_ SN#: \_\_\_\_\_ SN#: \_\_\_\_\_

USPS  UPS  FedEx Tracking#: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_