



Precision Surgical International, Inc.

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Order Form

Billing Address

Name: _____
Facility Name: _____
Street Address: _____
City,State: _____ Zip: _____
Phone: _____ Fax: _____

Ship To Address

Name: _____
Facility Name: _____
Street Address: _____
City,State: _____ Zip: _____
Phone: _____ Fax: _____

Payment Method:

- Purchase Order # _____ (attach copy)
- Check enclosed
- Major Credit Card
 - o Visa
 - o Mastecard

Account # _____
Expiration Date: ____/____/____
Cardholder name: _____
Signature: _____

	Quantity	Catalog #	Description	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Sub Total _____
Tax 7% Indiana only _____
Freight _____
Total _____