Hemorrhoid Banding Ligator
Spacebander® Order Form

ORDER DATE: MM DD YYYY

PLEASE COMPLETE THIS FORM AND EMAIL TO:
SUPPORT@SPACEBANDER.COM

COMPANY NAME / NAME OF PRACTICE:

PURCHASE ORDER #

Site of Care: Private Practice Surgery Center / EndoSuite Hospital

Physician's Name: Physician's Cell Phone:

Physician's Phone: EXT: Physician's Email:

Additional Physicians:

Order Contact Name: Order Contact Cell Phone:

Order Contact Phone: EXT: Order Contact Email:

SHIPPING ADDRESS:

Attn:

Address: Suite #

City: State: Zip Code:

BILLING ADDRESS: Leave blank if it is the same as the shipping address

Address: Suite #

City: State: Zip Code:

PRODUCT PURCHASE DESCRIPTION:

# OF BOXES	DESCRIPTION	PRICE PER BOX	TOTAL PRICE (USD $)
	Each box contains 20 SpaceBander® kits	$ 1,400	
		ORDER TOTAL (+ Shipping Fee: $15 per box):	

PAYMENT AUTHORIZATION FOR SPACEBANDER ORDERS: Check the payment option #1 or #2 and please sign below:

1. I authorize electronic ACH payment from our checking account – Please attach a photocopy of a void check

2. I authorize you to charge my credit card: Visa Mastercard AMEX Discover

Credit card number: Exp: / CVV:

Name on card: Email:

★ Mark this box if you wish to keep card on file

SIGNATURE: DATE:

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