

Please send completed form by fax or email to: (800) 886-9615 or orders@hemband.com

If you have questions regarding your order, please call (800) 242-6145

Order Date: \_\_\_\_\_

PO # (optional): \_\_\_\_\_

Company Name		Phone Number	
Ordering Physician		Physician NPI	
Order Contact Name		Email Address	
Shipping Address			

**Item(s) Ordered:**

Ref No	Item	Quantity	Price / Unit	Total Amount
DS905727	Snyder HemBand™ disposable hemorrhoidal ligator with integrated obturator  1 individual package  Includes 3 latex bands. Latex-free bands available upon request.	_____	<del>\$70.00 per unit</del> <b>\$35.00 per unit</b>	\$ _____

*Prices are inclusive of all taxes. Prices valid in the U.S. only.*

**Select Delivery Options** (please check only one)

- FedEx Standard Overnight (Next business day by 3PM) - FREE OF CHARGE
- FedEx Priority Overnight (Next business day by 10AM) - \$40.00
- FedEx First Overnight (Next business day by 8AM) - \$150.00

\* Priority and First Overnight shipping rates apply to a box of 20 units. Some FedEx services are not available in all areas. Please note that all orders placed after 3pm EST will be processed next business day. No Saturday or Sunday delivery.

**Select Payment Method\*** (please select only one)

- Electronic Check/ACH (Attach a copy of a voided check)  
Bank Name: \_\_\_\_\_ Account# \_\_\_\_\_ Routing# \_\_\_\_\_
- Credit/Debit Card (If you do not wish to use this form to enter a card number, we can email you an online payment link.)  
Name on Card: \_\_\_\_\_ Card# \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_
- Invoice (Subject to credit approval and payment terms of MDE Medical LLC)

By signing below, buyer has read, understands, and agrees to the MDE Medical LLC Terms and Conditions of Sale. Any overdue payments shall bear interest at a rate equal to the lesser of: (i) 1.5% per month, or (ii) the maximum amount permitted by law, assessed from the date payment was initially due.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_