

Your Facility Name

[Street Address]

[City, ST ZIP Code]

Phone [(509) 555-0190] Fax [(509) 555-0191]

**SAMPLE PURCHASE
ORDER****SHIP FROM:***Innovative Medical Designs*

5425 North 100 West

Shelbyville, IN 46176

info@imdsua.net

317.421.0308

SHIP TO:

[Name]

[Company Name]

[Street Address]

[City, ST ZIP Code]

[Phone]

P.O. DATE	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
			SHELBYVILLE - IMD	21 DAY DEMO

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	JWF-0302	ZIPLIFT IV TRANSFER SYSTEM	1260.00	N/C
1	JWF-0302B	ZIPLIFT DEMONSTRATION BOX	300.00	N/C
1	JWF-0900-03	BOA LINE ORGANIZER	N/C	N/C
		NO CHARGE FOR THE 21 DAY DEMONSTRATION UNIT Please return within a 30 days to avoid a full charge		
			SUBTOTAL	N/C
			TOTAL	N/C

How to receive a FREE ZipLift demonstration unit

ORDER PROCESS – Send a Purchase Order on your letter head, see example below. Your information in the orange boxes and our information in the blue boxes. Be sure to provide us your shipping method; UPS, Fed Ex, other.

The demonstration unit will arrive in two boxes. Save the boxes for the return shipment. Please use the product for 21 days free of charge. Please rebox the demonstration unit and send it back to us at the **SHIP FROM:** address above. Please keep the BOA Line Organizer as a compliment.

*There is no charge for the demonstration unit if it is received back within **30 days**. If the unit is not returned within 30 days, you will be billed \$1560 for the unit.*