









Sales Rep: _____ Date: _____

			SKU	Pack	Units	Price	Quantity	Total Price
SMOOTH								
 Blunt		29G 25mm (1")	US29025SC	Box	4 x 5 (20 pcs)	\$195.00		
		29G 40mm (1.5")	US29040SC	Box	4 x 5 (20 pcs)	\$195.00		
 Sharp		29G 25mm (1")	US29025S	Box	4 x 5 (20 pcs)	\$180.00		
		29G 40mm (1.5")	US29040S	Box	4 x 5 (20 pcs)	\$180.00		
		27G 60mm (2.5")	US27060S	Box	4 x 5 (20 pcs)	\$180.00		
TWIST								
 Blunt		29G 25mm (1")	US29025TC	Box	4 x 5 (20 pcs)	\$245.00		
		29G 40mm (1.5")	US29040TC	Box	4 x 5 (20 pcs)	\$245.00		
		27G 40mm (1.5")	US27040TC	Box	4 x 5 (20 pcs)	\$245.00		
 Sharp		29G 25mm (1")	US29025T	Box	4 x 5 (20 pcs)	\$235.00		
		29G 40mm (1.5")	US29040T	Box	4 x 5 (20 pcs)	\$235.00		
BARB4								
 Blunt		21G 60mm (2.5")	NT21060C4	Bag	6 x 2 (12 pcs)	\$549.00		
		21G 90mm (3.5")	NT21090C4	Bag	6 x 2 (12 pcs)	\$549.00		
		18G 100mm (4")	NT18100C4	Bag	6 x 2 (12 pcs)	\$549.00		
BARB5								
 Blunt		19G 60mm (2.5")	US19060C5	Box	5 x 2 (10 pcs)	\$549.00		
		19G 90mm (3.5")	US19090C5	Box	5 x 2 (10 pcs)	\$549.00		
		18G 100mm (4")	US18100C5	Box	5 x 2 (10 pcs)	\$549.00		
INFINITY PLUS								
 Blunt		18G 100mm (4")	US18100IC	Box	5 x 2 (10 pcs)	\$549.00		
BEYOND								
 Blunt		18G 100mm (4")	US18100B	Box	5 x 2 (10 pcs)	\$549.00		

VOLUME DISCOUNT: 5% > \$2500 | 10% > \$5000 | 15% > \$7500

Total:

PLEASE CHECK SHIPPING METHOD:

(Shipping rate will be calculated & added to your order)

- ☐ 2-DAY SHIPPING
(FREE > \$2500)
- ☐ GROUND
(Free > \$1500)
- ☐ "Express
2 Days"
- ☐ "Standard
Overnight"
- ☐ "Priority
Overnight"

Please see reverse side for additional information.



ORDER SUMMARY

Business Name: _____

Provider Name and Medical License Number (mandatory): _____

Phone: _____ Email (mandatory): _____

Shipping Information

Address: _____ City: _____

Line 1

State: _____ Zip Code: _____

Payment Method

Line 2

Name: _____ CVC: _____

(first & last as it appears on credit card):

Credit Card # : _____ Exp: _____ / _____

(Visa, MC, Amex)

Billing Address (If different from shipping): _____ City: _____

Line 1

State: _____ Zip Code: _____

Line 2

☐ By checking here, you confirm that you have read the terms and conditions, that you understand them and that you agree to be bound by them.

Signature: _____