ORDER FORM

Ship to:

Facility _____

Street _____

City, State, Zip _____

Country (if outside the United States) _____

Your Name _____

Title/Dept _____

Phone _____

Bill to:

_____

_____

_____

_____

_____

Date of Order:

Purchase Order No:

Ship: Ground 2nd Day Overnight

Other_____

P.O. number required for all orders

For a complete list of products, visit www.aiv-inc.com or call 800.990.2911 or 410.787.1300 to request a catalog.

Please list all items:

REPAIR ORDERS

Device	*Serial Number*	*Price*

(additional space on reverse side)

Subtotal _____

Subtotal from back _____

Total _____

PARTS & ACCESSORIES

AIV Part Number	*Quantity*	*Price*	*Extended Price*

(additional space on reverse side)

Subtotal _____

Subtotal from back _____

Total _____

NOTE--Ordering Information:

- If you are ordering parts and accessories only, please fax this form to 410.787.1337 to place your order.
- If you have a repair order to place, please make sure this form accompanies any items for repair and mail to:

7485 Shipley Avenue · Harmans, MD · 21077 · USA

ORDER TOTAL $_____

We at AIV thank you and look forward to serving your needs in the future.

ADDITIONAL REPAIR ORDERS

Device	Serial Number	Price

Subtotal _____

PLEASE ENTER THIS FIGURE ON FRONT

ADDITIONAL PARTS & ACCESSORIES

AIV Part Number	Quantity	Price	Extended Price

Subtotal _____

PLEASE ENTER THIS FIGURE ON FRONT

Supporting Clinical Engineering Worldwide

Specialized Repair Services · Parts · Accessories