



1275 Kinnear Road
 Columbus, OH 43212
 Phone: 877-253-8911
 FAX: 614-675-3758

Order Form

| | |
|----------------------------|---------|
| Date: | |
| Physician Name: | |
| Practice Name: | |
| State License #: | |
| Office Contact Person: | Phone: |
| Email Address: | |
| Customer Signature: | |
| Shipping Address: | |
| City: | State: |
| Zip Code: | County: |
| Attention: | |

| | |
|---|---------|
| Billing Address (if different than Shipping): | |
| City: | State: |
| Zip Code: | County: |
| Telephone: | Fax: |

| |
|------------------------------|
| Sales Representative: |
|------------------------------|

CleveX to Provide Lot Number Information

| Lot Number | Product | Reference Number | Price per Box | # of Boxes Ordered | Total |
|------------------------------|-----------------------------------|------------------|---------------|--------------------|-------|
| | ExiClip (EXSP – Box of 5 devices) | EXSP | | | |
| Shipping and Handling | | | | | |
| Order Total | | | | | |
| Confirmed by CleveX: | | | | Date: | |

| | |
|--------|--|
| PO #: | |
| Terms: | |

| | |
|----------|--|
| Check #: | |
|----------|--|

| | |
|-------------|--|
| CC Type: | |
| Number: | |
| Expiration: | |
| CVV2: | |

| Shipping Rates | | | |
|-------------------------------|--------|-----------|-------|
| | Ground | Overnight | 2 Day |
| 1-2 Boxes | \$12 | \$55 | \$27 |
| 3-4 Boxes | \$18 | \$68 | \$35 |
| 5 Boxes – 1 Case (6 Boxes) | \$24 | \$91 | \$52 |

Product will be shipped in full dispensers only. No partial shipments. Shipments will be via FedEx Ground, unless otherwise indicated. Please complete and send to office.manager@cleveX.com or fax to 614-675-3758