

Credit Card Order Form



INEX Surgical Inc.
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Niles, IL
US
60714

Phone: 1-847-674-2595
Fax: 1-847-674-2820
www.InexSurgical.com

Date: _____

Ordered By

Company: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Contact Name: _____

Deliver To Same as Above

Company: _____

Address: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Contact Name: _____

Item	Description	Quantity	Unit Price	Amount

Payment

Check payable to _____

Credit Card

American Express

Mastercard

Visa

Card Number: _____

Expiration Date: _____

Cardholder Name: _____

Data is not secure.

Sub-total	
Grand Total	

Internal Use Only

Order Completed:	
Ship Date:	