

**Purchase Order Number:** \_\_\_\_\_

**Choose Term:**      **1 YR**                      **2 YR**                      **3 YR**                      **4 YR**

**Choose Plan:**      CardioCare Premium (PM+Hoses+ESA)      **Hose Type:**      Standard      Dripless  
CardioCare Plus (PM+Hoses)  
CardioCare Basic (PM only)  
On-Demand PM (expedited PM)

**Per Unit Price \$** \_\_\_\_\_ **/unit**      **Total Units:** \_\_\_\_\_      **Total Amount : \$** \_\_\_\_\_

**ACCEPTANCE BY CUSTOMER:** \_\_\_\_\_  
NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CONTACT INFORMATION:** \_\_\_\_\_  
BILLING BILLING ADDRESS LOCATION LINE 1 BILLING ADDRESS LOCATION LINE 2  
BILLING CONTACT NAME BILLING CONTACT TITLE  
BILLING ADDRESS LINE 1 BILLING ADDRESS LINE 2  
CITY/ST/ZIP  
BILLING PHONE BILLING EMAIL ADDRESS

**CONTACT INFORMATION:** \_\_\_\_\_  
SHIPPING/RECEIVING SHIPPING ADDRESS LOCATION LINE 1 SHIPPING ADDRESS LOCATION LINE 2  
SHIPPING CONTACT NAME SHIPPING CONTACT TITLE  
SHIPPING ADDRESS LINE 1 SHIPPING ADDRESS LINE 2  
CITY/ST/ZIP  
SHIPPING PHONE SHIPPING/RECEIVING EMAIL ADDRESS

**CONTACT INFORMATION:** \_\_\_\_\_  
PERFUSION/BIMED PERFUSION CONTACT PERFUSION PHONE PERFUSION EMAIL  
BIOMED CONTACT BIOMED PHONE BIOMED EMAIL