

INVOICE

Surgical Instruments & Supplies

Invoice #: _____

Date: _____

BILL TO:

SHIP TO:

PURCHASE ORDER #
CUSTOMER ACCOUNT
SHIPPING METHOD
PAYMENT TERMS

Catalog Ref #	Description / Instrument Size	Qty	Unit Price	Total

SPECIAL INSTRUCTIONS / STERILIZATION REQUIREMENTS:

Subtotal:\$ _____

Shipping & Handling:\$ _____

Tax:\$ _____

TOTAL DUE:\$ _____

Certification: All instruments listed above meet ISO 13485 standards and are cleared for medical use. Please inspect items upon delivery.

Thank you for your business.