

# Ultrasound Transmission Gel Order Form



## Your Order

Part Number	Item	Quantity
025 LITER 12/CASE	Case of twelve .25 liter bottles	
5 LITER W/BOTTLE	5 liter refill container with .25 liter bottle	

## Promotional Code:

If you have a promotional discount code, enter it here.

## Bill To:

### Credit Card Information

<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express		
Card Number:		Expiration Date:
3 digit security code (on back of MC/Visa, front of AmEx):		
Name as it appears on card:		

### Billing Information

Name:		
Address:		
City:	State:	Zip:
Phone number:		
Fax:		
Email address:		

### Ship To: (if different from billing information)

Name:		
Address:		
City:	State:	Zip:
Phone number:		
Fax:		
Email address:		

*Fax the completed form to 1-317-275-5567*

toll-free: 1-800-248-4153    fax: 1-317-275-5567

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