

# Order Form

Date:

First order only

Customer Information			
Name:		Ordered by:	Phone:
Bill to Address:			E-mail:
		Suite:	Fax:
City:	State:	Zip:	Specialty:
Ship to Address:			<b>For Maxilon Use</b>
		Suite:	Taken by: Entered by:
			Note:
City:	State:	Zip:	

Product Selection					
Item	Description	Part Number	Qty	Each	Amount
1	<b>mx-grafter</b> ® Bone Grafting System (GFR-0702)	11302		1-2 \$75.00, 3+ \$57.00	
2	<b>ebner</b> ™ 502 Handle, Straight Head	10325-01		195.00	
3	502 Handle, 30° Down Head Angle	10325-02		195.00	
4	502 Handle, 30° Up Head Angle	10325-03		195.00	
5	500 series Blade, 5-Pack	10561-05		135.00 free with 3 handles	
6					
7					
8					
9					
10					
<b>Shipping and Handling (Continental U.S. only)</b>			Other:		
<b>Select</b>	FedEx Service	Delivery (order before 3:00 PM EST)	S&H (any size)		Shipping & Handling:    Total:
<input type="checkbox"/>	Ground	Within 5 Business Days PM	\$10.00		
<input type="checkbox"/>	Saver	Within 3 Business Days PM	\$15.00		
<input type="checkbox"/>	2-Day	Within 2 Business Days PM	\$20.00		
<input type="checkbox"/>	Standard Overnight	Next Business Day PM	\$35.00		

Prices effective June 01, 2010. All prices subject to change without notice. Medical devices cannot be returned.

Payment	
<b>Select Method</b> (First order credit card)	Name on Card:
	Card Mail Address:
<input type="checkbox"/> Bill Me	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Enclosed Check	Signature: _____ Exp.: <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Purchase Order	Name of Organization: _____ Purchase Order No.: _____

Terms: First order Credit Card required. On account orders: net 30 days (invoice sent with order), F.O.B. Amherst, NH.

**U.S. Toll Free: 1-888-629-4566 Call: 1-603-594-9300 Fax: 1-603-594-9399 www.maxilon.com**  
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