

ORDER FORM CT-CT1000, 1010 & 1010A

Date: ____/____/____

CryoPen Cryosurgical System* • CryoPen Inc* • Efax Order: 1-281-754-4359 • Technical Support: 877-246-3955

BILLING INFORMATION

Group Name: _____
 Contact Name: _____
 Billing Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (____)____/____ Fax: (____)____/____

☐ Check if Shipping Address is Different

SHIPPING INFORMATION

Group Name: _____
 Contact Name: _____
 Shipping Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: (____)____/____ Fax: (____)____/____
 Email: _____

Physician Signature: _____ Date: ____/____/____

Method of payment:

Visa ☐ _____

exp. date: ____/____

Master Card ☐ _____

exp. date: ____/____

Discover ☐ _____

exp. date: ____/____

American Express ☐ _____

exp. date: ____/____

Company Check ☐ Lease Purchase ☐ P.O. Number # ☐ _____

Name and Address as it appears on card Please Print Name: _____ City: _____ State: _____ Zip: _____
 Address: _____
 Expiration Date: ____/____/____ Security Code on Back of Card: _____

Choice of Shipping

Item	Description	Unit Each US\$	Quantity	Subtotal	Total
CT-PA-1000-7	7mm handheld module	\$225.00			
CT-TA-5003	Re-usable tip-3mm	\$225.00			
CT-TA-5005	Re-usable tip-5mm	\$225.00			
CT-TA-5007	Re-usable tip-7mm	\$225.00			
CT-TA-5010	Re-usable tip-10mm	\$225.00			
TI-EX-3	Temperature Indicator Maintenance Program	\$65.00			
CT-TI-1000	Temperature Indicator	\$325.00			
CT2-RS-1001	CryoPen Reservoir Solution -refill (500ml)	\$45.00			
CT-AL-1030	Plastic Reservoir Cup (1oz)	\$4.50			
CT-AL-1031	CryoPen Rubber 1oz cup lid	\$18.00			
CT-SW-1000	Cleaning Swabs 1/2 dozen	\$9.00			
CT-SW-1010	Cleaning Swabs dozen	\$18.00			
CT-PP-1000	Transfer Pipette 1/2 dozen	\$2.50			
CT-SH-2010	Rigid Shipping Case	\$500.00			

Special Notes _____

Additional Items to Ship: _____

Merchandise Total	
Sales Tax	
Shipping/ Handling	
Total Amount Due	

Office Use Only

Sales Rep # _____

Serial # _____