CT-2000 ORDER FORM - EFFECTIVE AUGUST 25, 2014 CryoPen Cryosurgical System *• CryoPen Inc *• Efax Order: 1-281-754-4359 • Technical Support: 877-246-3955 SHIPPING INFORMATION **BILLING INFORMATION** Group Name: Group Name: Contact Name: Contact Name: Billing Address: Shipping Address: City: City: State: Zip Code: State: Zip Code: Phone: (_______ Fax: (_______ /____ Phone: (_______/_____Fax: (___________/_____ Email: □ Check if Shipping Address is Different Method of payment: Visa 🗆 📗 📗 📗 📗 📗 exp. date: / exp. date:____/ exp. date: / exp. date: / American Express□ ___|_ | | Company Check□ Lease Purchase□ P.O. Number # □ Name and Address as it Name: State: Zip:____ City: appears on card Please Print Address: / Security Code on Back of Card: Expiration Date: Item Description **Unit Each US\$** Quantity Subtotal **Total** CryoPen Cryosurgical System (1) State of the art cooling system • (4) Pen Cores • (1) Temperature Indicator (1 each) Reusable Tips-sizes 3mm, 5mm, 7mm and 10mm • (1) Reservoir Solution-approx 500ml (1) Reservoir Tube • (6) Cleaning Swabs • (1 year warranty) CT-2000 \$5,995.00 Additional 1 Year Warranty at time of purchase up through 30 days after expiration \$695.00 CT2-1000-W CT2-1000-W2 \$1195.00 Additional 2 Year Warranty at time of purchase and 30 days thereafter Additional 3 Year Warranty at time of purchase \$1895.00 CT2-1000-W3 \$195.00 CT2-T-5003 Re-usable tip-3mm CT2-T-5005 \$195.00 Re-usable tip-5mm Re-usable tip-7mm \$195.00 CT2-T-5007 \$195.00 CT2-T-5010 Re-usable tip-10mm CT2-00020 Pen Core \$295.00 CT2-TI-1000 Temperature Indicator \$395.00 CT2-RS-1001 CryoPen Reservoir Solution -refill (500ml) \$70.00 CT2-RS-1002 Plastic Reservoir Tube (23 ml) \$20.00 CT2-RS-1003 Reservoir Tube Cap \$10.00 CT2-SW-1000 Cleaning Swabs (Single End 14") 1/2 dozen \$18.00 CT2-PP-1000 Transfer Pipette 1/2 dozen \$9.95 TI-EX-2 Temperature Indicator Maintenance Program \$95.00 Merchandise Additional Items to Ship: Special Notes Total Sales Tax Date: /___/ CA, TX, LA Physicians Signature:___ Shipping/ *Prices Subject to Change* *All Sales Final* Physicians Name Printed: Handling **Total Amount** Office Use Only Sales Rep# Serial