

# EVENT SPECIAL: IPS BRACE ORDER FORM

Ship to Name: \_\_\_\_\_

☐ Same as Bill To

Shipping Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Brace Pricing:

1-9	\$245	<b>\$169</b>	ea
10-19	\$219	<b>\$169</b>	ea
20-39	\$199	<b>\$169</b>	ea
40-49	\$174	<b>\$169</b>	ea
20+	\$169	<b>\$169</b>	ea

## EVENT PROMO ONLY

**\$169.00/BRACE**

**REGARDLESS OF VOLUME!**

**EVENT PROMOS VOID BY EOD  
MONDAY FOLLOWING THIS EVENT!**



BRACE DESCRIPTION	Qty	PRICE EA	TOTAL PRICE
RIGHT- OA3000 Knee Brace		\$169	
LEFT- OA3000 Knee Brace		\$169	
<b>AMOUNT DUE:</b>			

### Credit Card Information

Cardholder's Name (as on card): \_\_\_\_\_

Cardholders Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/yyyy)

Credit Card Security Code: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

I am authorized to sign, understand that my business/clinic will be charged for products selected and I authorize the vendor to apply charges to the credit card listed.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

**PLEASE FAX COMPLETED FORMS TO 727-683-9536**