

PRO-WEDGE-IT

SYSTEM ORDER FORM

Pro-Wedge-It Apparatus

| Qty | Component | Unit Price | Amount |
|-----|--------------------------------------|--|--------|
| | Pro-Wedge-It Pair (1 Left & 1 Right) | \$695.00 | |
| | Pro-Wedge-It Single Side (Left) | \$375.00 | |
| | Pro-Wedge-It Single Side (Right) | \$375.00 | |
| | | Shipping & Handling 9.5% Tax (CA only) | |
| | | TOTAL | |

Wedge-It Components

| Qty | Component | Unit Price | Amount |
|-----|--|--|--------|
| | Large Wedge-It Kit 13.5" x 4.5" (Kit contains any combination of 6 units: 2°, 4° or 8°) | \$54.00 | |
| | Small Wedge-It Kit 4.5" x 4.5" (Kit contains any combination of 6 units: 2°, 4° or 8°) | \$35.00 | |
| | Firm Crepe Pre-Fab Orthotics (Available in: Sm, Med, Lg) | \$18.00 (Pair) | |
| | 1/8" Crepe Heel Lifts (Available in: Sm, Med, Lg) | \$6.50 (Pair) | |
| | | Shipping & Handling 9.5% Tax (CA Only) | |
| | | TOTAL | |

Name _____ Clinic Name _____

Address _____ City _____ State _____ Zip _____

P.O. Number _____ Phone _____ Fax _____

I understand the information above is for the purposes of establishing business credit with Biomechanical Services Incorporated. I am authorized to bind my firm accordingly. I agree that all accounts or moneys due are payable at your place of business and that all past due accounts or money shall automatically draw interest at a legal percentage per annum.

Please charge my credit card for the item(s) ordered above.

Card Type (circle one) Visa M/C AMX Card No: _____ Exp. Date: _____ Security Code: _____

Print Name _____ Sign _____ Date _____

