

CUSTOMER ORDER FORM



INNOMED, INC.

103 Estus Drive
Savannah, GA 31404

DATE	_____			
CUSTOMER ACCT CODE/NO	_____			
PO NUMBER	_____			
FACILITY NAME	_____	ATTENTION LINE	_____	
BILLING ADDRESS	_____	SHIPPING ADDRESS	_____	

BUYER NAME	_____	SHIPPING CARRIER	FEDEX	UPS
TELEPHONE	_____	SHIPPING METHOD	_____	
FAX	_____	SHIPPING ACCT #		
EMAIL	_____			

ITEMS ORDERED

QTY	PART #	DESCRIPTION
_____	_____	_____
_____	_____	_____
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