Order Form

Surgical Solutions USA

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Fill out your standard company information on this page and make a copy - that way you have a template for future orders. Thanks again for your support - we really appreciate it.

Date				**Contact**	
Phone #		**Fax #**		**Specialty**	

BILL TO	**SHIP TO** (if same as "Bill To", check here)
Name	Name
Address	Address
City State Zip	City State Zip

E Mail Address:

Payment Method:

Visa Mastercard AmEx Exp Sec

Cardholder's Signature

Item		Description					Qty	Cost / unit	Total

Shipping Costs **Free Shipping on Orders Over $575.00**

Shipping Charges are added to all orders according to weight and destination.

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M - F 8am -6pm PST

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