endoscopy support services, inc.®

FAX YOUR ORDER
845-277-7300

3 Fallsview Lane • Brewster, NY 10509 • Ph: 845-277-1700 • Fax: 845-277-7300

Billing Address	Shipping Address
Name:	Name:
Address:	Address:
City: State:	City: State:
Zip/Postal Code:	Zip/Postal Code:
Country:	Country:
Purchase Order #:	Shipping Phone #:
Billing Contact:	Phone #:
Purchasing Contact:	Fax #:

Ship via:	Special Instructions:

Qty.	Part #	Description	Price each	Total price
			Sub Total:	

Payment Information - ☐ Credit Card ☐ Contact me with billing options

Card (check one): ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover**

Card #: _____

Exp. Date: _____ **V #:** _____

Name On Card:

NOTE:

Taxes, shipping/freight costs, customs and/or duties charges will be applied when order is processed. Please provide a phone/fax number or e-mail address where we can reach you with your total balance.