

Laerdal® Pocket Mask®/Laerdal® Face Shield Private Label Order Form

Check here:

Laerdal Pocket Mask	
<input type="checkbox"/> Soft Case w/Gloves & Wipe (82 99 40)	<input type="checkbox"/> Hard Case (82 00 32)
<input type="checkbox"/> Soft Case w/Gloves & Wipe (83 99 40)	<input type="checkbox"/> Hard Case (83 00 32)
Laerdal Face Shield Key Ring	
<input type="checkbox"/> Key Ring (46 99 XX series - \$140)	

Please mail or fax completed form to:
 Laerdal Medical Corporation • 167 Myers Corners Road
 P.O. Box 1840 • Wappingers Falls, NY 12590-8840
 Phone: 877-LAERDAL (523-7325) Fax: 800-227-1143
 customerservice@laerdal.com • www.laerdal.com

Bill To:

Organization: _____	State: _____	Zip: _____ - _____
Name: _____	Daytime Phone: () _____	
Title: _____	Fax: () _____	
Address: _____	Email Address: _____	Business Type: _____
City: _____	County: _____	Customer Account # _____

Ship To: (complete only if different from Bill To)

Organization: _____	City: _____	County: _____
Name: _____	State: _____	Zip: _____ - _____
Title: _____	Daytime Phone: () _____	
Address: _____	Fax: () _____	

PLACE ORDER HERE			
Catalog #	Quantity	Price	Total
Set-Up Charge			
Printing Charge			
* Shipping FOB Origin – please call for all freight quotes.		Shipping *	
**Add sales tax based on subtotal amount.		Subtotal	
		Sales Tax **	
		Total →	

Sales Tax:

Is your organization claiming exemption from state & local sales tax?
 Yes ID # _____ No

Note: Your state's applicable exemption certificate or statement must be included with your order for tax charges to be waived. Sales tax is collected in: AL, AZ, CA, CO, CT, FL, GA, ID, IL, IN, KY, LA, MA, MD, MI, MN, MO, NE, NJ, NM, NY, NC, OH, PA, SC, SD, TN, TX, VA, WA, and WI (list subject to change without notice).

Complete for Laerdal Face Shield Key Ring Only (Box of 25):

<input type="checkbox"/> 46 99 08 01 Yellow	<input type="checkbox"/> 46 99 11 01 Blue
<input type="checkbox"/> 46 99 09 01 Red	<input type="checkbox"/> 46 99 12 01 Green
<input type="checkbox"/> 46 99 10 01 Black	PMS Color numbers: _____
<input type="checkbox"/> 46 99 17 Camouflage	(4-color limit)

Method of Payment: (Choose One)

<input type="checkbox"/> Purchase Order: Please attach PO – For Existing Accounts Only Application for Credit Form required for new customers
<input type="checkbox"/> Check/Money Order – Amount Enclosed \$ _____
<input type="checkbox"/> MasterCard® <input type="checkbox"/> Visa® <input type="checkbox"/> American Express® <input type="checkbox"/> Discover®
Credit Card #: _____ Exp. Date: _____
Name as it appears on card: _____
Signature: _____

Complete for Pocket Mask Only:

Colors (4-color limit): Blue Pouch Black Pouch Camo Pouch
 PMS Color numbers: _____

This form must be fully completed in order to expedite your shipment.

Shipping FOB Origin – Please call for all freight quotes.

Distributors – Call for Private Label Pricing