



# PolyLC INC.

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Date (MM/DD/YYYY)

PO#

## Shipping Address

First Name MI Last Name Phone Number

Company Fax No.

Street Address e-mail Address

City State Postal Code Country

## Shipping Method

(Please Select One)

Fed Ex: P1 2 Day International

UPS: Overnight (Red) 2 Day Ground

International Other:

Shipping Acct#

## Payment Information

Item # QTY Price

**Do NOT fill out CC information unless order is being FAXED in!**

CC Type CC#

Name

Date (MM/YYYY)

Exp Date CVV

## Billing Address

## Notes

Signature

**Shipping:** Federal Express, UPS, and Air Parcel Post are available. We will be happy to use your Company's existing account with your preferred carrier.

**Terms:** Net 30 days, in U.S. Dollars

**Warranty and Disclaimer:** PolyLC Inc. products are warranted to be free from defects in material and workmanship. Although clinical applications may be shown in our literature, PolyLC Inc. products are not guaranteed for clinical use. Prices listed in bulletins and literature are subject to change. Please view our current price list for accurate pricing information.