

Cine-Med Order Form

Complete form below and fax to 203-263-4839

Or mail with payment to PO BOX 745, Woodbury, CT 06798

Name _____

Facility _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

E-mail _____

Quantity	Product ID # / Title	Price
Refer to website shopping cart for shipping and handling cost		
Total		

Purchase order # _____ Check # _____

Credit Card MC Visa AMEX Discover

Account # _____

Expiration Date _____ CVV Code _____

Signature _____

Make checks payable to: Cine-Med, Inc

Mail to: PO Box 745

Woodbury, CT 06798