

AMERICAN ANATOMICAL CORP

PURCHASE ORDER FORM

1. SOLD TO:		2. SHIP TO: (If different from "Sold To")	
P. O. Number:	Date:	Company Name:	
Company Name:		Contact/Title:	
Buyer's Name/Title		Street Address:	
Street Address		City/State/Zip:	
City/State/Zip		Phone: 319.256.7585	
Phone:	Fax:	Fax: 319.256.7585	
Email:		Address: 605 N. Parkway St., PO Box 231, Wayland, IA 52654	

3. ORDER INFORMATION:

<i>Qty</i>	<i>Part Number</i>	<i>Product Description</i>	<i>Special Notes</i>	<i>Price Each</i>	<i>Total</i>
			Subtotal	\$	
		If NO tax, exempt #: _____	← Tax	\$	
		Refer to back of booklet for shipping	← Shipping	\$	
		*If router is unspecified for plaques/bases, then round over router will be used.			

TERMS & CONDITIONS

- **TERMS** - A company check, money order, or Credit Card Information should be sent with order. Unless an open account is established with N/30 terms. If no account is established, Please allow 10 days for check to clear bank. If you wish to apply for N/30 Terms a Credit Application will be Faxed to you. Once you have purchased \$500.00 of product you are eligible to apply for a N/30 term agreement.
- **SPECIAL ORDERS** - Special orders require advanced payment in the full amount! Custom orders are nonreturnable
- **SCHEDULED ORDERS** - Scheduled orders may not be cancelled once Purchase Order has been started, although minimal adjustments are allowed.
- **EXCHANGE POLICY** - No refunds. We exchange, repair or replace at our discretion. For exchanges on non defective items, there is a 15% restocking fee. Any defective item must be accompanied with original sales receipt.
- **CLAIMS** - All claims must be reported within 10 days of receipt of shipment. All claims and discrepancies must be filed directly to American Anatomical Corp, not a sales rep. We will be given 14 working days to inspect all claims upon receiving items for inspection
- **SHIPPING** - All orders will be shipped by UPS or freight truck unless otherwise specified. Please inspect all packages before signing the freight bill.

*Credit Card Information : Payment by Master Card or Visa Accepted!
Requires a 2.4% Handling Fee.*

Card # _____ - _____ - _____ - _____ **Expires** ____/____/____

Cardholders Name _____

Signature _____

THESE TERMS, CONDITIONS, AND PRICES ARE NON NEGOTIABLE!!
WE RESERVE THE RIGHT TO DISCONTINUE PROMOTIONAL ITEMS
AT ANY TIME!

**Prices and specifications subject to change without notice.
We appreciate your business!**

COPY FOR FUTURE USE.