

GINDOR, INC.

MAIL ORDER TO:
66101 US 33
Goshen, IN 46526-9483

FAX ORDER TO:
574-642-4376

CALL IN ORDER TO:
574-642-4004

BK COMFORT SHIM KITS for Amputees

ORDER FORM

www.gindor.com

CONTACT INFORMATION

Contact Name _____

Company Name (if applicable) _____

Email _____ Phone # _____

BILLING ADDRESS _____	SHIPPING ADDRESS _____	<input type="checkbox"/> CHECK HERE IF SAME AS BILLING
_____	_____	
_____	_____	
_____	_____	

QTY	ITEM #	DESCRIPTION	PRICE EACH	TOTAL
	BK1-GSP	Kit for Gel Sleeve with Pin	\$ 125.00	
	BK2-GSFP	Kit for Gel Sleeve with Foam Liner and Pin	\$ 125.00	
	BK3-SSV	Kit for Suction Sleeve or Valve	\$ 125.00	
<i>We will pay for Ground Shipping in the continental United States. Any other shipping method or location will be paid by the customer. Please specify.</i>			SUBTOTAL	
Shipping Method - other than Ground: FED EX <input type="checkbox"/> Overnight <input type="checkbox"/> 2-Day UPS <input type="checkbox"/> Next Day Air <input type="checkbox"/> 2nd Day Air DHL <input type="checkbox"/> Express <input type="checkbox"/> Economy			SHIPPING & HANDLING	
			TAX	
			TOTAL	

PAYMENT METHOD

CREDIT CARD    

Card # _____ - _____ - _____ Exp. date ____/____/____ Security CCV Code _____

Questions about your order? Email: gindor-amputee@gindor.com