 **Barton Button Order Form**

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| **Date:****Purchase Order Number:****Name:****Organization****Phone: Fax:****Email:** | **WAYS TO ORDER**:Medical Innovations International6256 34th Ave NWRochester, MN 55901 USAFax: 507-281-9096Phone: 507-289-0761Email: Info@medicalinnovations.com |
| **Billing Address:****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Country** | **Shipping Address (if different than billing):****Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Country** |

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| Part Number | Description | Quantity |
| ENBMB091 | 9 Short |  |
| ENBMB092 | 9 Regular |  |
| ENBMB093 | 9 Long |  |
| ENBMB101 | 10 Short |  |
| ENBMB102 | 10 Regular |  |
| ENBMB103 | 10 Long |  |
| ENBMB121 | 12 Short |  |
| ENBMB122 | 12 Regular |  |
| ENBMB123 | 12 Long |  |
| ENBMB141 | 14 Short |  |
| ENBMB142 | 14 Regular |  |
| ENBMB143 | 14 Long |  |

\*\*\*\*\* Each Button is $150.00 USD \*\*\*\*\*

Payment Options:

Shipping and handling charges apply. Shipping prices vary upon location and timing. Sales taxes may apply. International orders are subject to prepayment.

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| 🞏 | Check Enclosed. Drawn on a US Account is USD dollars. Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the bank routing number on the check does not have 9(nine digits), add a $25 check cashing fee |
| 🞏 | Credit Card PaymentCard Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name on Card (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |