



The Right Fit, Right Now
www.ifitprosthetics.com

Supplier
iFIT Prosthetics, LLC
1060 Corporate Center Dr
Oconomowoc, WI 53066
USA

Payment terms

30 days net

Shipping terms

FOB

Ship via

Shipping Acct Number

ORDER FORM

Date

Ship To :
Street Address

City, State and Zip Code

Purchase Contact Name:

Customer No.

Line	Item	Quantity	Unit	Price/unit	Amount
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TT200 - Transtibial Buckle System Kits

1

2

3

ACS - Transtibial Advanced Closure System Kits

4

5

6

TF300 - Transfemoral System Kits

7

8

9

For safety and quality control reasons, we are unable to accept returns. However, if you would like to exchange an item, please contact your sales representative to discuss available options.

Total
Devices

Currency
USD

Total

For assistance preparing the Order Form please contact us using the information below

iFIT Prosthetics, LLC

1060 Corporate Center Dr
Oconomowoc, WI 53066
accounting@ifitprosthetics.com

Ingram Dillingham

Account Executive
267-567-3284
ingram.dillingham@ifitprosthetics.com

Fax (Local)

262-523-1011

1. Check:

Make check payable to **iFIT Prosthetics LLC**
Address: 1060 Corporate Center Dr Oconomowoc, WI 53066

2. Credit card:

Fill out attached application

3. Wire Payment (International Orders):

Northern Trust Bank
526 E. Wisconsin Avenue Milwaukee, WI 53202
Ph: (414) 905-7800
Bank Swift Code: CNORUS44
Account Holder Name: iFIT PROSTHETICS, LLC Account Number: 380 160 5841
Account Holder Address: 1060 Corporate Center, Oconomowoc, WI 53066

Sign and complete this form to authorize iFIT Prosthetics to debit your credit card for any purchases of iFIT Prosthetics products. By signing this form, you give us permission to debit your account for the amount indicated on an iFIT Prosthetics sales invoice for your company. This authorization will remain in effect until cancelled.

Please complete the information below:

I _____ authorize iFIT Prosthetics to charge my credit card
Full Name

account below for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV Code _____

SIGNATURE

DATE

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount determined by a sales invoice. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.