

Mueller® ORDER FORM

DATE _____

PURCHASE ORDER NO. _____

BILL TO:

Company _____
 Buyer _____
 Address _____
 City _____
 Country _____ Postal Code _____
 Telephone _____
 Fax _____

CUSTOMER NO. _____

VAT Registration No. _____
SHIP TO: _____
 Company _____
 Address _____
 City _____
 Country _____ Postal Code _____

*All monies shown are U.S. Dollars • **MINIMUM ORDER AMOUNT \$750.00 USD**

Shipment from Rijsenhout (Amsterdam), the Netherlands, (Duty Paid within the European Union)

TERMS: Cash in Advance

| ITEM # | DESCRIPTION | SIZE | QUANTITY | CASE PRICE | TOTAL PRICE |
|-------------------------|----------------------------------|-----------------|----------|------------|-------------|
| 130105 | M-Tape® 32 rolls/case | 3,8cm x 13,7m | | | |
| 130595 | Eurotape™ Platinum 32 rolls/case | 3,8cm x 11,4m | | | |
| 130702 | M-Wrap® 48 rolls/case | 7cm x 27,5m | | | |
| 030102 | MuellerKold™ 16/case | 15,2cm x 22,5cm | | | |
| 030105 | Cold/Hot Pack Reusable 12/case | 15,2cm x 22,5cm | | | |
| 030201E | Coolant Cold Spray 12/case | 150ml | | | |
| 030202E | Coolant Cold Spray 12/case | 400ml | | | |
| 130633 | Tearlight Tape™ 16 rolls/case | 7,6cm x 6,9m | | | |
| 200901N | Tuffner™ Pre-Tape Spray 12/case | 113g | | | |
| 200902N | Tuffner™ Pre-Tape Spray 12/case | 280g | | | |
| 170201 | Quick Drying Adherent 12/case | 113g | | | |
| 170202 | Quick Drying Adherent 12/case | 280g | | | |
| 200101 | Tape & Tuffner™ Remover 12/case | 113g | | | |
| 200102 | Tape & Tuffner™ Remover 12/case | 280g | | | |
| 190701 | Stickum™ Spray 12/case | 113g | | | |
| ORDER TOTAL | | | | | |
| SHIPPING CHARGES | | | | | |
| TOTAL VAT | | | | | |
| TOTAL | | | | | |

PAYMENT PROCEDURES:

- TELEGRAPHIC TRANSFERS:** Instruct your Bank to Remit by Swift (or Telex) U.S. Dollars to U.S. Bank of Milwaukee, Attn: International Dept. MK-WI-J6NI, 777 East Wisconsin Avenue, Milwaukee, WI 53202; ABA 075000022 TELEX TRT 192179, SWIFT USBKUS44MIL, or FAX 414-765-6207 for credit to Account Number 182-569-264 for MUELLER SPORTS MEDICINE, INC.
- CREDIT CARD PAYMENT** (please indicate one) VISA MasterCard

CREDIT CARD NUMBER

EXP DATE

V-CODE

- - - -

Month/Year

SIGNATURE _____

(3-digit Verification Code located on reverse side of card)

POSSESSION OF A PRICE LIST OR POLICY SHEET DOES NOT CONSTITUTE AN OFFER TO SELL

Prices Subject to Change Without Notice

SEND ORDERS TO:

Mueller Sports Medicine, One Quench Drive, PO Box 99, Prairie du Sac, Wisconsin 53578 USA

TELEPHONE 608-643-8530 • FAX 608-643-2568

E-Mail international@muellersportsmed.com • Web Site www.muellersportsmed.com