

**JANABAND® ORDER FORM**  
Improved Risk Management for Every Bed

Date: \_\_\_\_\_

BILLING INFORMATION	Description:
Hospital: _____ Attention: _____ Department: _____ Street Address: _____ _____ City, State, Zip Code: _____ Phone Number: _____ E-mail address: _____	Blue JanaBand®:                      UPC Code 040232360299 Red JanaBand®:                      UPC Code 040232360305  Custom Color (5,000 MOQ):        UPC Code to be assigned at purchase Custom logo (Quoted separately): UPC Code to be assigned at purchase

SHIPPING INFORMATION	
Hospital: _____ Attention: _____ Department: _____  Street Address: _____ _____ City, State, Zip Code: _____  Phone Number: _____	<b>Special Sample Evaluation Pack:</b> 2 JanaBand® (colors determined by manufacturer) Limit one <b>free</b> evaluation pack per address <hr/> <b>Quantity and Pricing:</b> 3-9       = \$8.00 each   +\$15.00 shipping and handling 10-49   = \$8.00 each   +\$25.00 shipping and handling 50-99   = \$8.00 each   +\$30.00 shipping and handling 100-499 = \$8.00 each   +\$40.00 shipping and handling 500-749 = \$8.00 each   +\$60.00 shipping and handling 750-999 = \$8.00 each   +\$80.00 shipping and handling  1000+   = please contact JCM Global Technologies for special conditions

_____ _____ _____	<b>Freight Charge Terms:</b> Terms: EXW Keller Texas <b>Method:</b> _____ <hr/> <input type="checkbox"/> <b>Customer Shipping Account Number (FedEx, UPS etc.)</b> _____
-------------------------	--

**ORDER**

Quantity	Item	Price per JanaBand®	Shipping	Total Price
	Evaluation Pack			
	Red JanaBand® (UPC Code 040232360305)			
	Blue JanaBand® (UPC Code 040232360299)			
	Custom Color version			
	Custom logo version			
			<b>Tax 8.25%</b>	
<b>Customer Shipping account number</b>			<b>Shipping and Handling</b>	
			<b>Total</b>	

**PAYMENT**

<input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>PayPal</b> <input type="checkbox"/> <b>Money Order</b> <input type="checkbox"/> <b>P.O. #</b> _____  <input type="checkbox"/> <b>Net 30 (upon approved credit)</b>  <input type="checkbox"/> <b>Other</b> _____	<b>Total Amount Payable to:</b> JMC Global Technologies I, L.P. 616 Henrietta Creek Rd. Suite 100 Roanoke, Texas 76262  Customer Signature _____  Customer Name (Print) _____  Customer Title _____
--	--