



ImageMover Order Form

Please Type

Order Information				
Item #	Description	(1) Quantity	(2) Unit Price / Image	Total Amount (1x2)
IM-CV19	ImageMover		\$2.95	A
Check if tax exempt of Resale Certificate Number needs to be on file on the Account Set-Up Form		LOCAL SALES TAX* (____%)		B
			SUBTOTAL (A+B)	
			PROCESSING FEE (3% Credit Card, \$1 ACH, \$20 Wire)	
			TOTAL DUE	

Practice/Facility Information	
Facility Name:	Account ID#:
Ordered By:	Phone:
Order Date:	

Terms: We agree to the terms that in order to order images payment in full must be received prior to activating our account.

*Sales tax must now be paid based on local sales tax rate due to the Wayfair Ruling

THANK YOU FOR YOUR BUSINESS

Send to: Orders@VantageRx.com