

Fax Order Form

Catalog No.	Item Description	Qty	Unit Price EXW	Total
SUBTOTAL				
<input type="checkbox"/> Freight Charges to arranged by Manufacturer (DDU basis)				
TOTAL				

Freight Charges to be arranged by Purchaser **Carrier DHL / UPS / FedEx / TNT**
Other carrier _____ **A/c No.** _____

Bill to:
 Name: _____ Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

Ship to: Check here if same as Bill to
 Name: _____ Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____

Payment Methods: Approved Purchase Order # _____ Check # _____
 Credit Card: (circle one) Visa Mastercard Discover Amex Diners Club
 Card # _____ Expiration Date _____ 3-Digit Security Code _____
 Authorized Name/Signature: _____ All unsigned orders will be returned for signature.

Manufactured by: 
 Wire Transfer Details
 Correspondent Bank : Standard Chartered Bank, New York
 Swift Code : SCBLUS33 ABA No.:026002561 CHIPS UID: 0256
 Beneficiary Bank : Abhyudaya CO-Op Bank Ltd, Mumbai
 Swift Code : ACBLINBB A/c No. : 3582 025 465 001
 Name of Beneficiary : Sewa Medicals Ltd.
 A/c No. : CD 5509 Branch : Fort, Mumbai 400001, India.

Marketed by:
 Top Syringe Mfg Co (P) Ltd SEWA Medicals Ltd.
 10-11, Prospect Chamber Annexe, 317-21, Dr. D. N. Road, Fort,
 Mumbai 400001, Maharashtra, India. Tel. 91.22.65208849/50
 Fax. 91.22.22045352
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 Website: www.glass-syringe.com www.sewamedicals.com