Cryo**Probe**





H&O Equipments, Inc. 115 Fairchild St, Suite 370, Charleston, SC 29492, USA

	Cac	Ctainea			Charle	eston, SC 29492, USA
Sales Rep. Name:	Cory	Steiner			Pho	one: +1 888-248-2838
Lead Source:	<u>!</u>			E-ma	il: cryoprobe@	@ho-equipments.com
Date:/ /			Ship to Address: Please check the box if bill to address = ship to address			
Customer Name:			ATTN:			
Medical licence num	S1	Street:				
Practice:		Suite/Floor/Bldg:				
Phone:		City, State:				
Email:		Zip code:				
Item #	Description	on .	**************************************	Quantity	Unit Price	Total
S-HO-CEPRPLUS-00 Includes conv		P+ Starter Set verter, support, forceps for cartridge opener/filter place case, 6 N_2 0 cartridges of 16g and six micro-applicators: t white/ring; green/ring; yellow/ring) and two 60mm appli	our micro-applicators	*	\$ 4,995.00	
S-HO-NOCX-XX-S24-PR	Box of 8g N ₂ O cartridges for CryoProbe XP Includes 24 cartridges in individual peel-pack blister				\$ 240.00	
S-HO-NOCX-PRXL-S06	IO-NOCX-PRXL-S06 Box of 16g N ₂ O cartridges for CryoProbe XP Includes 6 cartridges in individual peel-pack blis				\$ 120.00	
Training Virtual Training		Package: 1 year			\$ 800.00	
Warranty 5-year warranty on CryoProbe device & 2-year warranty of CryoProbe applicator tips			e applicator tips		\$ 2,925.00	
Discount & Promos:						
Please specify the quantity and specialty for marketing materials (per 1 thank you card, 2 posters & 25 leaflets)			Item #	Shipping Fee		\$ 75.00
General M	edicine	PA-CARD-PR-MED / PA-POSTER-PR-MED / PA-LEA	ED / PA-LEAF-PR-MED			
Medical Aesthetic		PA-CARD-PR-MED / PA-POSTER-PR-MED / PA-LEAF-PR-MED		Tax		ered to restrict the section of the
Pediatric		PA-CARD-PR-MED / PA-POSTER-PR-POD / PA-LEAF-PR-POD		Total		
Podiatry		PA-CARD-PR-MED / PA-POSTER-PR-POD / PA-LEA	ER-PR-POD / PA-LEAF-PR-POD			
Gynecolog	у	PA-CARD-PR-MED / PA-POSTER-PR-MED / PA-LEAF-PR-MED				
Veterinary	Veterinary PA-CARD-PR-MED / PA-POSTER-PR-VET / PA-LEAF-PR-VET					
CARD INFO						
Credit card#:		Card type	(visa,):			
Expiration date:		Name on o	ard:	*****		
Security code:						51
Signature:				Date:		and succession
Bill to Address: (if different from chipping)			For internal use:			
Bill to Address: (if different from shipping) Address:			Invoice #:			
Add 632			Paid:			
City:						
		Lot Number #:				
		The second secon	Serial Number #			

The H&O Equipments, Inc. Terms and Conditions and Limited Warranty Schedule apply to this transaction, and Buyer acknowledges and agrees that such documents exclusively govern this transaction and each subsequent transaction without objection or modification by Buyer. Additional copies of these documents may be obtained upon request from H&O Equipments, Inc. Buyer acknowledges that the prices charged herein do not include any taxes to be imposed by any governmental authority, and pursuant to the Terms and Conditions, Buyer agrees to pay all such taxes due and arising from this transation.