



Purchase Order Information Form

Blue Phantom Corporate Information

Company Name: CAE Healthcare
 Payment Address: 32995 Collection Center Drive, Chicago, IL 60693
 Ordering Address: 6300 Edgelake Drive, Sarasota, FL, 34240
 Telephone: (425) 881-8830 Fax: (425) 881-8807 Terms: Net 30 for approved organizations*
 Email Address customersupport@bluephantom.com
 Web URL http://www.bluephantom.com Shipping: FOB Kirkland, WA

*Please contact us for more information

Purchaser Information

PO Number _____
(Hard copy of PO Must be faxed to (425)881-8807)

Customer Name: _____
 Institution Name: _____ Department: _____
 Shipping Address: _____
 City: _____ State/Province: _____ Zip: _____
 Telephone: _____ Email: _____

Product Information

QTY	Item #	Product Description	Unit Price*

*Price does not include shipping and handling fees/ nor Sales Tax if applicable.