



**TIBURON MEDICAL ENTERPRISES, INC.**

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(951) 654-2333 PHONE

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**Order Form**

Company name: \_\_\_\_\_ PO No.: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Qty	Tiburon Item No.	Description – Include size and/or side (Lt or Rt) if applicable	Unit Price	Ext. Price

Contact us by phone or email to arrange for payment.

I acknowledge that I am authorized to place this order for the above company or organization. Payment can be made by credit card or COD (will incur additional fees) and must be made in advance. Shipping charges will be added to this order and they are not refundable. Returns require prior authorization and may be subject to a 25% re-stocking fee. Return shipping charges are customer's responsibility.

Order placed by: \_\_\_\_\_