



PVI Home Exercise Browser Order Form

Orders may be placed via phone, fax, or mail. Schools and hospital please include credit card or purchase order information and hardcopy. Private Clinics please include credit card information.

Sold To:

Ship To:

Name/Phone_____

Name_____

Part Nbr	Description	Quantity	Unit Price	Extended Price
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New Users, Additional Copies for Current PVI Users

502985	PVI Home Exercise Browser	_____	\$399.00	_____
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502986	Additional Copies for same facility	_____	\$99.00	_____
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Current Users Upgrade from Previous PVI Versions

502987	PVI Home Exercise Browser	_____	\$99.00	_____
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502988	Additional Copies for same facility	_____	\$30.00	_____
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Support Plans

502989	PVI One-Year Support Plan	_____	\$150.00	_____
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502990	PVI Per-Incident Support	_____	\$50.00	_____
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	5% Sales Tax (MA)	_____		_____
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	6% Sales Tax (FL)	_____		_____
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	7% Sales Tax (NJ)	_____		_____
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	Shipping	_____		\$10.00
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	Total	_____		_____
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PO # _____

(Please fax purchase order with order form 781.297.2039)

Credit Card Visa

Master Card

AMEX

Card Number: _____

Expiration: _____

Name: _____

Security Code: _____

Order Contact: _____

Phone: _____