

Purchase Order for PL2020  
to AscEpi Medical Group, LLC

644 Holly Springs Rd Ste 341, Holly Springs, NC 27540 US  
Phone: 919-336-4246 Fax: 928-326-2555 Email: contact@ascepi.com



Date: Purchaser's PO # if any:

**PURCHASED BY**

Name:  
Attn:  
Address:  
Phone:  
Email:

**SHIP TO** If different than above

Name:  
Attn:  
Address:  
Phone:  
Email:

ITEM	QTY	RATE	AMOUNT
PL2020, Photo Luminescence Device	1	9,850.00	9,850.00
Q-Kit, Flat surface cuvette with Braun V1423 line attached, sterilized	10	37.00	370.00
Line Clamps	3	0.00	0.00
Certification Training (special)	1	3500.00	1750.00
Insured Shipping & Handling	1	150.00	150.00
<b>TOTAL</b>			<b>12,120.00</b>

If buying more than one unit, contact our sales office at 1-206-577-0037.

**INSTRUCTIONS:** Fill out this form with a PDF reader, save it, then email the form to AscEpi Medical along with a front and back copy of your check. You can also print this form, fill it out, and fax same, or give it to our sales office/rep. For bank wire transfers, see instruction to the right. After receipt of funds, you will be sent our paid invoice followed by unit shipping details and begin our practitioner on-boarding process.

If you desire to purchase via a lease (\$1 end term buyout), check the box, you will be contacted by our leasing agent.

For Direct Wire Transfer of Funds  
 Bank: Pinnacle Bank  
 3515 Glenwood Av, Raleigh, NC 27612  
 ACH Routing #: **064008637**  
 Account #: **800106412968**  
 Beneficiary: AscEpi Medical Group, LLC