



WENIGER
TIBURON MEDICAL ENTERPRISES, INC.

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Sales@TiburonMed.com

(951) 654-2333 PHONE

(951) 654-2331 FAX

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. \$25.00 Minimum purchase. 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: _____
Name

Signature