

EMERGENCY RESPONDERS NETWORK INCORPORATED

Toll Free: 866-70-DEFIB 27 W. Anapamu St, STE 174, Santa Barbara, CA 93101

Instructions:

ERN PRODUCT ORDER FORM - Page 1

Please fill out the appropriate fields on this form and do **one** of the following:

1) Fax: ORDER FORM to: 805-898-9944

2) Mail: ORDER FORM to:

Emergency Responders Network 27 W. Anapamu St, STE 174 Santa Barbara, CA 93101

3) Phone: Our Toll free number is: 1.866.70.DEFIB (33342)

| General Purchase Information | | | |
|--|--------------------------------------|--|--|
| Purchase Order (if applicable): | | | |
| Purchase Date: | | | |
| Purchase Method (circle one): | Fax / Mail / Phone | | |
| Payment Method (circle one): | Check / Credit Card / PayPal / Other | | |
| Billing /Contact Information | | | |
| Company Name: | | | |
| Contact Name: | | | |
| Billing Address: | | | |
| City, State, Zip: | | | |
| Phone Number / Fax: | | | |
| Email: | | | |
| Shipping Information - Check here if same: | | | |
| Company Name: | | | |
| Contact Name: | | | |
| Address: | | | |
| City, State, Zip: | | | |
| Credit Card Information | | | |
| Company Name: | | | |
| Cardholder's Name: | | | |
| Card Number: | | | |
| Expiration Date: | | | |
| 3 digit security code (on back) | | | |
| Card Type (Circle) | Visa / MasterCard | | |
| Authorizing Signature: | | | |

ERN PRODUCT ORDER FORM - Page 2

| Fill this section out | | | | | |
|--|--|------------|----------------|-------|--|
| Item # | Basic Product Description | Price each | Quantity | Total | |
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| Add up all items in this box: | | | Subtotal 1 | | |
| Apply Discount or Coupon Code to Subtotal 1 to determine discount: | | | Discount | | |
| | Subtract any discounts from Subtotal 1: | | | | |
| | Please add appropriate Sales tax for California purchases: (For rates, go to: http://www.boe.ca.gov/sutax/pam71.htm) | | | | |
| Please add appropriate Shipping Fees: (Orders under \$100 add \$9 shipping, Over \$100 add \$17 shipping) | | | Shipping | | |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Misc. | | |
| This is the amount you owe: —— | | | Balance Due | | |