

Company Name: _____ Phone: _____ Fax: _____

Purchase Order Number or Authorizing Name (if applicable): _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Credit Card Type: _____ Credit Card Number: _____ Expiration Date: _____
(MasterCard, Visa, and Discover accepted)

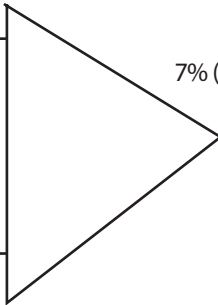
Invoice Payment Option Please check, agreeing to pay full amount within 30 days.

Name: _____ Signature: _____ Date: _____

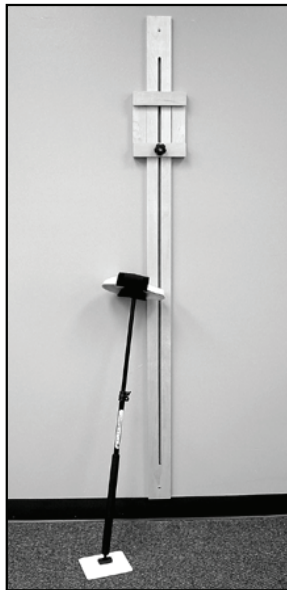
Internal use only

UE Ranger..... (quantity) _____	X \$118.95	each =	\$ _____
Wall Mount Tracking Frame..... (quantity) _____	X \$ 96.95	each =	\$ _____
Movement Health System..... (quantity) _____	X \$205.90	each =	\$ _____
<small>(Movement Health System includes UE Ranger, Wall Mount Tracking Frame, Clinical Manual and Home Exercise Program)</small>			
		Subtotal	\$ _____

Shipping & Handling	
UE Ranger	\$14.75 each
Wall Mount Tracking Frame	\$29.75 each
Movement Health System	\$41.75 each



	NE Sales Tax 7% (if applicable)		\$ _____
	Shipping & Handling		\$ _____
	Total		\$ _____



(ABOVE) The UE Ranger
(LEFT) Movement Health System

Please allow a delivery time of 4 to 5 days from time we receive your order. All orders are shipped via United Parcel Service (UPS). All purchases can be arranged to be picked up to save on shipping and packaging costs.

Payment by credit card is possible by phoning in your order or faxing this form to the respective numbers below.



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