

BIOVANCE® OCULAR ORDER FORM

ECP PRACTICE INFORMATION

Practice Name			
ECP Name			<input type="radio"/> OD <input type="radio"/> MD
ECP Email			
Address			
City	State	Zip Code	
Office Phone			
Account/Office Manager Name			
Account/Office Manager Email			

SHIPPING ADDRESS

Shipping address is the same as practice address Yes No

Address			
City	State	Zip Code	

BILLING ADDRESS

Billing address is the same as shipping address Yes No

Address			
City	State	Zip Code	
Payment Method	<input type="radio"/> ACH/Wire <input type="radio"/> Credit Card		
Account Number	Routing Number		
Credit Card Number*			
Name on Card	Exp. Date	/	CW
Billing Manager Email**	<input type="radio"/> Charge Now <input type="radio"/> Bill Later***		

* Credit card will be retained on file per Billing & Payment Terms below

** This person will receive invoices from Verséa Ophthalmics, LLC

*** Net 30 Terms

BIOVANCE® OCULAR ORDER FORM

BIOVANCE® 3L OCULAR (Three-layer hAM)

CODE	SIZE	QUANTITY	PRICE	TOTAL
OCLR0010	10mm disc		\$	\$
OCLR0012	12mm disc		\$	\$
OCLR0015	15mm disc		\$	\$
OCLR1520	15mm x 20mm		\$	\$

Large size options available. Speak with your Verséa Ophthalmics representative for more information.

BIOVANCE® OCULAR (Single-layer hAM)

CODE	SIZE	QUANTITY	PRICE	TOTAL
DHAM0010	10mm disc		\$	\$
DHAM00120	12mm disc		\$	\$
DHAM0015	15mm disc		\$	\$
DHAM0012	1 x 2 cm		\$	\$
DHAM0022	2 x 2 cm		\$	\$

TOTAL \$ _____

Please send completed order form to your Verséa Ophthalmics Sales Representative

Verséa Ophthalmics Sales Representative _____ Date ____ / ____ / ____

ECP Signature _____ Date ____ / ____ / ____

Billing and Payment Terms: This serves as a Purchase Order Agreement which must be executed prior to the first shipment. Purchaser acknowledges and agrees that after the First Order, any subsequent orders may be made orally, by fax or by email and the Purchase Orders will be considered a part of this Agreement. Customer using a credit card will be charged in full upon signing of order form. Payments are due upon receipt of order form unless otherwise agreed upon between both parties. Please note that payment terms of Net-30 are only available for orders of \$2,000 or more. Upon execution of the Net 30 Payment Terms and completion of the Order Form, Customer will be invoiced. If your invoice is not paid within 30 days, Verséa Ophthalmics, LLC will send the contact list on your account a 15-day reminder. If the order is still not paid within the 45-day given time frame, this Agreement authorizes Verséa Ophthalmics, LLC to automatically charge the customer's credit card or withdraw payment from Customer's account. Upon execution of this Order Form, Customer hereby consents to the order of the product and materials mentioned herein. Additionally, upon execution of this Agreement, and prior to processing, Verséa Ophthalmics, LLC will provide Customer with final shipment information and a tracking number. For any reason, Customer does not pay invoice by 45 days, a monthly 1% interest penalty will be applied to the outstanding invoice balance, and this will be repeated each subsequent month delayed.

Verséa Ophthalmics, LLC
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1.800.397.0670 | www.versea.com/ophthalmics

BIOVANCE
Collagen-based Wound Covering

Biovance® 3L
OCULAR