



MEDICAL MONOFILAMENT

CUSTOM ORDERS

TERMS

1. Minimum order of 5,000 units.
2. Artwork must be approved and signed off by client before a work order is issued*
3. A non-refundable fifteen (15) percent deposit is required on all custom orders.
4. The name and number of a contact person responsible for making decisions regarding custom orders must be provided.
5. Once Medical Monofilament receives the custom order deposit, as well as final sign off on the artwork, there is a ten (10) working day turnaround time before production can begin.
6. Incremental shipments for large orders to one location will be made unless other arrangements are established.
7. Shipping and handling charges will be added to the invoice unless we are provided with the customer's preferred carrier and account number.
8. Terms: Net 30.
9. Customer quotes are valid for 30 days.

***Artwork is accepted in:**

MAC files:
 QuarkXPress
 Illustrator
 Freehand
 InDesign
 Pagemaker
 Photoshop
 EPS

INTERNATIONAL ORDERS

TERMS

1. All international orders must be prepaid unless other arrangements are made with Medical Monofilament.
2. Payments must be in U.S. Currency. VISA, MasterCard, electronic transfers or money orders are accepted. Canadian customers: checks must be drawn from a US bank.
3. VAT, as well as duties and taxes, are the responsibility of the customer.
4. Orders will be incrementally shipped. (Details to be determined once the size of the order is known).
5. If placing a custom order, please refer to terms provided.

Standard Monofilament Pricing

Unit Volume	In Stock: Unit Price
20 to 2,499	\$0.30
2,500 to 4,999	\$0.29
5,000 to 9,999	\$0.28
10,000 to 24,999	\$0.265
25,000 to 49,999	\$0.25
50,000 to 99,999	\$0.235
100,000 to 249,999	\$0.21
250,000 to 499,999	\$0.20
500,000 +	\$0.19
Blank Handle #EMH	\$0.35

Cards and Monofilaments are priced separately. Custom orders are handled individually, call for a quote. Minimum order 5000.

MEDICAL MONOFILAMENT MANUFACTURING 116 LONG POND ROAD, PLYMOUTH, MA, USA 02360 ph 508.746.7877 fax 508.746.5409 email info@medicalmonofilament.com
 www.medicalmonofilament.com

STANDARD PRODUCT ORDER FORM



MEDICAL MONOFILAMENT

116 LONG POND ROAD, PLYMOUTH, MA, USA 02360
 phone: 508.746.7877 • fax: 508.746.5409
 email: info@medicalmonofilament.com
 www.medicalmonofilament.com

Cards and Monofilaments are priced separately.

Order Date / / Customer P.O.# Ship Via

BILL TO:

EMAIL

SHIP TO:

PHONE: _____
 FAX: _____
 CONTACT: _____

Payment Method

- Check
 (Make check payable to Medical Monofilament Manufacturing. *Must be drawn on US currency.)
- Visa MasterCard Electronic Transfer into our bank account
- Account # _____
 Expiration Date _____
 Account Name _____
 Billing Zip Code _____
 Signature _____

Order for Standardized Product	Description	Preference	Quantity	Price/Unit	Total Price
Monofilament	Description	30x40/Pk			
AMH	A Handle				
B Sensory	B Handle				
C LEAP	C Handle				
D BPHC	D Handle				
Blank	Blank				
Instruction Card	Description	36/Pk 3016			
ENICGR	English Gray			\$0.15	
ENICBC	English Blue			\$0.15	
SPICGR	Spanish Gray			\$0.15	
FRICBL	French Blue			\$0.15	
LEAPIC	LEAP Card			\$0.15	
LGIC	Large Card			\$0.30	
Tyvek Envelopes	Individual			\$0.15	

Custom orders are handled individually, call for a quote. Minimum order 5000.

Sub Total _____
 Sales Tax _____
 Sub Total _____
 Shipping (TBD) _____
ORDER TOTAL _____