

Battery Order Form

Battery purchase from Advanced Ear Nose & Throat Associates, PC
960 Johnson Ferry Rd, Ste 200
Atlanta GA, 30342
Phone: 404-943-0900
Fax: 404-943-1390

Battery Type: 675 13 10 312 (Circle one)

Quantity: _____ carton(s) _____ package(s)

Prices: \$20 per carton (40 batteries at 50 cents per battery)
\$8 per package (8 batteries at \$1 per battery)
Shipping charges will be added

Subtotal: \$ _____
Shipping*: \$ _____
Tax: \$ _____
Total: \$ _____

**\$4.00 for 1-2 cartons or 1-4 packages; \$6.00 for 3-4 cartons or 5 or more packages*

I agree to pay to Advanced Ear Nose & Throat Associates PC for the amounts shown above, plus taxes and shipping charges.

Credit Card #: _____
Expiration date: _____
Name on the card: _____
Street Address: _____
City, State, Zip Code: _____
Phone: _____
Email: _____
Today's date: _____
Signature: _____

Mail or fax this form to:
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Atlanta GA, 30342
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