

**BILL TO:**

**FUJIFILM**  
**PURCHASE ORDER FORM**

PO #  
DATE:

**ORDER PLACED WITH:**

FUJIFILM MEDICAL SYSTEMS USA, Inc.  
ENDOSCOPY DEPARTMENT  
10 High Point Drive  
Wayne, NJ 07470  
PH: 800-385-4666  
FX: 973-633-8818

**SHIP TO:**

CHECK HERE IF SAME AS BILLING ADDRESS

**AUTHORIZED SIGNATURE** \_\_\_\_\_

**PAYMENT TERMS: NET 30 DAYS**

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL

UPON COMPLETION OF THIS FORM, PLEASE EMAIL TO: [fmsuesorders@fujifilm.com](mailto:fmsuesorders@fujifilm.com)