BILL TO:

Company Name
Company Address
City, ST, Zip
Phone Number

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:
Name
Company Name
Street Address
City, ST ZIP Code
Phone Number

☐ **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

If you prefer to provide your own Purchase Order form, please enclose a PDF of your form and email to: fmsuesorders@fujifilm.com