

ORDER FORM



A Sleep Apnea Therapy Device

Order Date: _____
 PO#: _____
 Company: _____
 Contact Name: _____
 Phone: _____
 Email: _____

BONGO RX STARTER KIT				
Part No.	Description	Order Quantity	Price	Total \$
BNG500	Bongo Rx – All Sizes Kit (kit includes 1 of each size (SM, MD, LG, XL), headgear, travel case & drying stand)			
BONGO RX REPLENISHMENT KITS				
BNG502	Bongo Rx – Annual Pack – SM (kit includes 4 of size SM, headgear, travel case & drying stand)			
BNG503	Bongo Rx – Annual Pack – MD (kit includes 4 of size MD, headgear, travel case & drying stand)			
BNG504	Bongo Rx – Annual Pack – LG (kit includes 4 of size LG, headgear, travel case & drying stand)			
BNG505	Bongo Rx – Annual Pack – XL (kit includes 4 of size XL, headgear, travel case & drying stand)			
BONGO RX ACCESSORIES				
BNG530	Bongo Rx – Replacement Headgear Accessory			

SHIP TO: _____

BILL TO: _____

(For Office Use Only)
 Verified By: _____ Date: _____ Terms: _____ Ship. Cost: _____

