

# Marine Defibrillator Order Form



Fax completed form to 423-634-3249

Item	Quantity	Price	Total
Marine Defibrillator Package	_____	\$1395.00	\$_____
Sixteen Hour Battery Replacing Standard	_____	\$ 75.00	\$_____
Additional Eight Hour Battery	_____	\$ 149.00	\$_____
Additional Sixteen Hour Battery	_____	\$ 199.00	\$_____
Pediatric Electrode Set	_____	\$ 99.00	\$_____
Adult Electrode Set	_____	\$ 38.00	\$_____
Twelve Hour Data Memory Chip	_____	\$ 99.00	\$_____
Total			\$_____

Defibrillator Location Address:

Billing and Ship to Address: *(must be in US)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Payment Method: \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ AX

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**To send by mail: Life Onboard, PO Box 206, Hixson, TN 37343**