



# SHIPPING FORM – SALE OF USED MEDICAL DEVICES

To be used to sell used devices to Northeast Scientific, Inc.

**MINIMUM 5 DEVICES PER SHIPMENT\***

Complete this form and place it inside the shipping box with the devices to be shipped.

Ship to: Northeast Scientific, Inc. 2142 Thomaston Ave. Waterbury, CT 06704

Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

City State Zip

Telephone #: \_\_\_\_\_ Date shipped: \_\_\_/\_\_\_/\_\_\_

### Quantities Shipped

ClosureFast CF7-7-60: \_\_\_\_\_ RF Stylet: \_\_\_\_\_ TOTAL DEVICES IN BOX: \_\_\_\_\_

ClosureFast CF7-7-100: \_\_\_\_\_ IVUS: \_\_\_\_\_

ClosureFast CF7-3-60: \_\_\_\_\_

The account irrevocably agrees to sell the enclosed devices to Northeast Scientific, Inc. pursuant to the Used Device Sale Agreement.

\*If less than 5 devices are shipped in one box, shipping costs will be deducted from the sale price.