

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