



TAYCO XAB ACUTE ORDER FORM

**Text or e-mail completed order forms to
orders@taycobrace.com**
Customer Service 574.968.0066 | Fax 574.245.8882

Date: _____ PO: _____
Referring Physician: _____
TayCo Representative Name: _____

BILLING INFORMATION

Company Name: _____
Contact: _____
Phone Number: _____
E-mail: _____
Billing Address: _____
City: _____ ST: _____ Zip: _____

SHIPPING INFORMATION

Company Name: _____
Contact: _____
Phone Number: _____
E-mail: _____
Shipping Address: _____
City: _____ ST: _____ Zip: _____

SHIPPING OPTIONS

UPS Ground	TBD - Call for Pricing
2nd Day	TBD - Call for Pricing
Next Day Air	TBD - Call for Pricing

Unit shipping costs are reduced significantly with bulk orders.

TayCo External Ankle Brace (for walking/jogging shoes and work boots)

SIZING CHART	Small	Medium	Large	XL
Men's Shoe Size	3 - 6.5	7 - 9.5	10 - 12.5	13 - 16.5
Women's Shoe Size	4.5 - 8	8.5 - 11	11.5 - 14	14.5 - 18

BRACE SIZE	PRODUCT NO.	SIDE	QTY	PRODUCT NO.	SIDE	QTY
Small	Ti-100-1-L	Left		Ti-100-1-R	Right	
Medium	Ti-100-2-L	Left		Ti-100-2-R	Right	
Large	Ti-100-3-L	Left		Ti-100-3-R	Right	
X-Large	Ti-100-4-L	Left		Ti-100-4-R	Right	

NOTES

Credit Terms: (only needs to be completed once)

Standard terms are 30 days/\$5,000.00. Higher credit limits are available upon request to accounts in good credit and clinical standing (in terms of patient care, quality, and follow-up) subject to the discretion of TayCo Brace management. Delinquent accounts are subject to 1.5% monthly charge (\$2.00 minimum.) Credit care prepayment terms will be automatically established for accounts delinquent 45 days or more. Credit can be re-established when account becomes current. Any account that is once again 45 days delinquent will be put on credit card prepayment terms permanently. I certify that all the information on this form is correct, that I fully understand your credit terms, and agree to adhere to said terms in consideration of credit extended. In the event it becomes necessary to collect this account by means of third-party collection agency or attorney, I authorize all costs of collection to be charged to this business account. I also understand that there will be a \$30.00 fee charged on all returned checks. I authorize TayCo Brace, Inc. to charge the credit card on file for invoices that are not paid within 45 days. If payment is received by check, ACH, or wire before 45 days, the card on file will not be charged.

Printed Name: _____ Signature: _____ Date: _____

Credit Card Information:

Name on Card: _____ Card #: _____ Exp. Date: _____
CVV: _____ Address: _____