

DIGITAL ORDER FORM YOU MUST DOWNLOAD THIS FILE TO COMPLETE

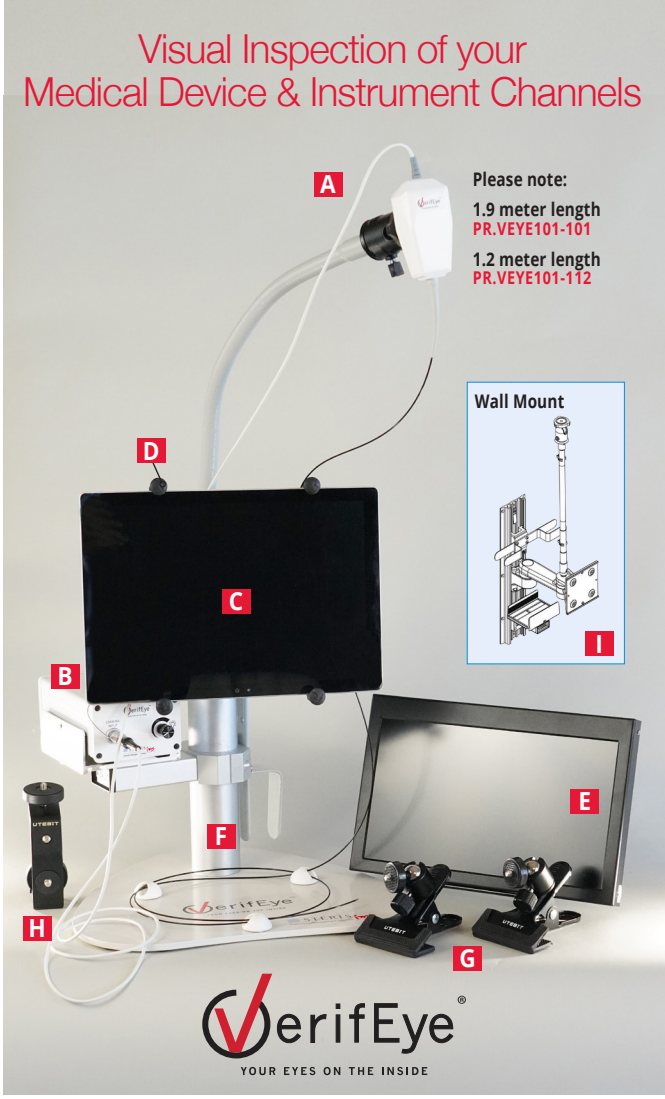
VERIFEYE® VIDEO BORESCOPE

Distributed by:

 Instrument Management Services

- 1. CHOOSE YOUR SCOPE**
 A. Inspection Unit Camera & B. Control Unit (CCU)
 (Essential for operation)
- 2. CHOOSE YOUR ACCESSORIES (C,D,E,F,G,H,I)**
 Type your quantity in the box provided.

- 1. SCOPE ORDERING (ESSENTIAL FOR OPERATION):**
- A** VerifEye Video BoreScope Inspection Unit (Essential for operation)
 2 OPTIONS:
 PR.VEYE101-101 1.9 meter length PR.VEYE101-112 1.2 meter length
- B** VerifEye Video BoreScope Camera Control Unit (CCU) (Essential for operation)
 PR.VEYE101-103
- 2. ACCESSORY ORDERING**



QTY.	DISPLAY SOLUTIONS	QTY.	MOUNTING SOLUTIONS
<input type="checkbox"/> PR.VEYE101-105	C VerifEye Touchscreen Tablet with Live Viewing & Image Capture Software	<input type="checkbox"/> PR.VEYE101-111	D VerifEye Tablet Bracket Assembly (for use with stand or wall mount)
<input type="checkbox"/> PR.VEYE101-106	E VerifEye 11.6 inch LED HD Display Monitor	<input type="checkbox"/> PR.VEYE101-110	F VerifEye Counter Top Stand with CCU, Inspection Unit, & Monitor Mount
<p>HOW TO ORDER</p> <p>▼</p> <p>Please fill out the form selecting the accessories that fit your needs.</p> <p>Call 800-783-9251 or email verifeye@steris.com with this completed form.</p>		<input type="checkbox"/> PR.VEYE101-108	G Inspection Unit Camera Mount for Tabletop with Spring Loaded Clamp (2 Pack)
		<input type="checkbox"/> PR.VEYE101-109	H Inspection Unit Camera Mount for Tabletop Multi-Mount With Screw Clamp
		<input type="checkbox"/> PR.VEYE101-115	I VerifEye Wall Mount with CCU, Inspection Unit, & Monitor Mount

Product demonstration: Scan the QR code or click the button to watch a video demonstration.

Order form options: Download from website, scan QR code or click button below.

[CLICK FOR DEMO](#)

[DOWNLOAD FORM](#)

Please complete the form below:

Account Name _____ Contact Name _____

Customer Acct. Number (STERIS IMS) _____ Phone Number _____

Fax Number _____ Email Address _____ PO Number _____

Shipping Address _____ City _____ State _____ Zip Code _____

Please email your complete form to: verifeye@steris.com