

PRISM ELECTRONICS

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*Please, fill out the certificate, sign it and fax the copy to (408) 283-9004 or
email to admin@prismelectronics.net*

CERTIFICATE OF USAGE MEDICAL

PART/MODEL #: _____ Qty: _____

Product Description: _____

MFG: _____ ORDER# (or auction#): _____

Company name (buyer): _____

Phone: _____ Fax: _____

Email: _____

Resale certificate or business license number: _____
(please indicate the state issued) _____

The above referenced part(s) *may be subject to regulation by the U.S. Food and Drug Administration and state and local regulatory agencies and therefore can be purchased by authorized purchaser only.*

Please, **circle the options below** that apply to your situation:

- 1) We are a **reseller** of the parts(s) cited above.
- 2) We are the **end-user** of the part(s) cited above.

Please specify the end use of the product above _____

Please specify the ultimate country of destination for the product above: _____

By signing below we certify that information provided above is correct and that we are aware of Federal and State regulations that may apply to this medical device.

Printed name of authorized person/title: _____

Signature: _____ Date: _____
