



# CHIROPRACTORS BUYING GROUP

1099 Rochester Rd. - Troy, MI 48083 - Ph: 800-649-0899 - Fax: 248-307-0706  
 info@cbgsave.com - www.cbgsave.com

## CBG Plus X-Ray Order Form

PRODUCT SIZE	QUANTITY			CBG PRICE/BOX	SUBTOTAL
<b>X-RAY FILM</b>	<b>X-GRN</b>	<b>X-MBLU Half-Speed</b>	<b>X-BLU Full-Speed</b>		
8 x 10				\$26.00	
10 x 12				\$38.95	
24 x 30cm				\$36.25	
7 x 17 / 18 x 43cm				\$40.00	
11 x 14				\$50.00	
14 x 17				\$76.00	
30 x 35cm (CASE ONLY)				\$268.75 (Case Only)	
9.5 x 9.5 (CASE ONLY)				\$150.00 (Case Only)	
14 x 36 Flat				\$52.00	
14 x 36 TriFold				\$47.50	
<b>CASSETTES/SCREENS</b>	<b>GREEN</b>	<b>BLUE</b>			
8 x 10				\$99.00	
10 x 12				\$129.00	
24 x 30cm				\$134.00	
7 x 17 (18 x 43cm)				\$139.00	
14 x 17				\$219.00	
<b>FILING/MAILING ENVELOPES</b>	<b>PER BOX</b>	<b>QUANTITY</b>			
8 x 10 Negative Preservers	100			\$8.99	
10 x 12 Negative Preservers	100			\$9.99	
14 x 17 Negative Preservers	100			\$14.99	
14 x 17 Mailing Envelopes	100			\$49.99	
				<b>SUBTOTAL</b>	
				<b>SALES TAX (CA 7.75%; MI 6%)</b>	
				<b>SHIPPING</b>	
				<b>TOTAL</b>	

- All film boxes are 100 sheets except 14x36 which are 25 sheets
- X-GRN: Green Sensitive Film
- X-MBLU: Medium-Speed Blue Sensitive Film
- X-BLU: High-Speed Blue Sensitive Film
- Cases contain 5 individual film boxes; 14x36 Flat case is 4 boxes

**TERMS OF SALE:**  
 Credit Card, Check by Phone or 30 Days Net with Approved Credit

**By placing an order you are agreeing to the following terms:**

- ~ Returned checks incur a \$25.00 fee.
- ~ Orders may not be cancelled once they have left our facility.
- ~ All claims must be reported within 7 days of receipt.
- ~ Returns must be authorized by CBG and be accompanied with a Return Authorization Code.

### 3 QUICK SIMPLE WAYS TO ORDER:

1. Call 1-800-649-0899
2. Complete form & fax to (248) 307-0706
3. Order thru CBG's Online Store  
 Located at [www.cbgsave.com](http://www.cbgsave.com)

Sales Tax: 7.75% for CA or 6% MI.  
 Standard shipping rates will be charged.

**Shipping Information**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please circle one:  
 Visa                      MC                      Amex

Card#:

Expires:   /

3/4 Digit Code:

Signature: \_\_\_\_\_

**Billing Information**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_