

Flexineb Order Form

System Equine

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Customer Name: _____

Phone Number: _____

Email: _____

Address: _____

City: _____

Postal Code: _____ Province: _____

Date: _____

Ambassador Name: _____

Salesperson Name: _____

*Shipping Address;
must be a physical
address (not a PO box).*



Flexineb Order Form

Colour* (Blue, Pink, Green)	Size* (Standard, Foal/Pony, Oversized)	Price	Quantity	Total
		\$1325		\$
		\$1325		\$
Total (A)				\$

* Foal/Pony, and Oversized available via special order

Note: Kit includes two medication cups (standard or fast), Silvaplex, and all components.

Flexineb Accessory & Parts Order Form

Accessory	Price	Quantity	Total
Grey (Standard) Medication Cup	\$ 105.00		\$
Green (Fast) Medication Cup	\$ 105.00		\$
Silvaplex	\$ 39.99		\$
Immunosan	\$ 109.00		
Total (B)			\$

Part	Price	Quantity	Total
Cable	\$ 49.99		\$
Battery	\$ 71.99		\$
Controller	\$ 419.00		\$
Charger	\$ 70.99		\$
Chamber Kit	\$ 97.99		\$
Intake Valve	\$ 42.99		\$
Exit Valve	\$ 42.99		\$

Total (C) \$

$$\$ \underline{\hspace{2cm}} \text{ A} + \$ \underline{\hspace{2cm}} \text{ B} + \$ \underline{\hspace{2cm}} \text{ C} + \$30 \text{ Shipping} = \$ \underline{\hspace{2cm}} \text{ A+B+C} + \$ \underline{\hspace{2cm}} \text{ Tax} = + \$ \underline{\hspace{2cm}} \text{ Order Total}$$

Flexineb Only

Approved by: _____ Signature: _____

Date: _____