

# TRADE-IN TRADE-UP

Exclusively by: **Apiary** MEDICAL 

***Fed up with your old,  
broken instruments?  
Put them to good use!***

Through 2021, Apiary wants to buy your tattered instruments. Receive \$50 credit for each scissors, and \$100 credit for each needle holder or forceps traded in, to be used towards the purchase of Apiary's new line of Sonic Steel instruments.

\*\*\*\*Limit one credit applied to each new instrument purchased\*\*\*\*

**ALL BRANDS ACCEPTED FOR TRADE-IN CREDIT**

1. Search your drawers and cabinets for busted scissors and forceps
2. Call, email or download the TRADE-IN, TRADE-UP order form
3. Select your replacement instruments and send for processing
4. Once received we will call you to confirm your order
5. Your new instruments will arrive in about one week
6. Repeat. There is no limit to how many instruments you can replace

***For every nine units  
traded up, receive a  
10th of your choice  
FREE!!!!***

**[cserv@apiarymedical.com](mailto:cserv@apiarymedical.com)**



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## TRADE-IN PROGRAM

Trade in your old scissors for a \$50 credit or \$100 credit for each needle holder (all brands). Limit: 1 credit towards each new instrument.

CUSTOMER INFORMATION (Please fill out all fields):

**COMPANY/  
DOCTOR OFFICE  
NAME:**

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**CONTACT NAME:**

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**ADDRESS:**

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**CITY / STATE / ZIP:**

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**TELEPHONE:**

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**EMAIL:**

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OLD INSTRUMENTS BEING TRADED IN:

Item Name or Model Number	Quantity



Ship instruments to:

Apiary Medical 900 E Louisiana, Suite 203, Denver, CO 80210

FILL IN FORM AND CREDIT CARD INFO BELOW WITH YOUR NEW ORDER AND CREDIT WILL BE APPLIED BEFORE CHARGING YOUR CREDIT CARD:

MSRP - Needle Holders                      \$800  
          - Vannas Scissors                     \$700

**NEW ORDER:**

<b>MODEL #</b>	<b>MODEL NAME</b>	<b>#</b>	<b>UNIT PRICE \$</b>	<b>TOTAL PRICE \$</b>
			SUB-TOTAL:	

			SALES TAX (IF SHIPPED TO NY ONLY)	
			FREIGHT	\$15.00
		<i>Enter your total trade-in credit here</i>	TRADE-IN CREDIT AMOUNT	
		<i>Enter value of 10th free instrument</i>	TRADE-IN CREDIT AMOUNT	
			<b>TOTAL</b>	

Credit Card Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Credit Card# \_\_\_\_\_ CVV: \_\_\_\_\_

Exp Date \_\_\_\_\_

Visit us online at [www.apiarymedical.com](http://www.apiarymedical.com)

Please Note: Any instrument received that is contaminated or unsterilized will be discarded at the owner's expense.