

ORDER FORM

FAX to: 1-866-265-0556

ASI#: _____ EMAIL ADDRESS (required) _____

BILL TO: _____ **SHIP TO:** _____
(if different than Bill To)

ATTN: _____ **ATTN:** _____

ADDRESS: _____ **ADDRESS:** _____
Cannot ship to P.O. Box Cannot ship to P.O. Box

CITY: _____ **CITY:** _____

State: _____ **Zip:** _____ **State:** _____ **Zip:** _____

DATE: _____ PO# _____ PHONE: _____ FAX: _____

Item	Description	Quantity	Price Each	Price Extended

Sub Total
before Freight

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SHIPPING METHOD Please circle one

F.O.B. Point: CALIFORNIA
UPS Account # _____ Ground Overnight 3 day
Fedex Account # _____ Overnight 2 day 3 day

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Sample Policy:
Samples with a combined valued under \$5.00 net will be shipped at NO CHARGE on Customer provided UPS or FEDEX Account Number. Samples over \$5.00 will be charged at 1st column pricing.

PAYMENT METHOD - Visa _____ M/C _____ AMEX _____

NAME: _____
ADDRESS: _____
CITY: _____ STATE & Zip _____
ACCOUNT # _____
EXP DATE: _____ 3 DIGIT CODE _____
Signature: _____

Orders:
Orders less than \$50.00 will be subject to a \$10.00 handling charge.