



FAX:

1-800-262-1886

Any hour of the day.

STEP 1 Order Information <i>(IMPORTANT... attach to your purchase order)</i>				
Product #	Quantity	Description	Unit Price	Total Price
STEP 2 Shipping And Handling Charges <i>(please check desired service)</i>			Subtotal	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>CONTINENTAL U.S.</p> <input type="checkbox"/> Standard Delivery – 10% (min. \$6.95) <input type="checkbox"/> Second Day Delivery – 20% (min. \$19.95) <input type="checkbox"/> Next Day Delivery – 25% (min. \$29.95) </div> <div style="width: 30%;"> <p>ALASKA, HAWAII, PUERTO RICO</p> <input type="checkbox"/> Standard Delivery – 20% (min. \$19.95) <input type="checkbox"/> Second Day and Next Day – please call for quote^e </div> <div style="width: 30%;"> <p>CANADA</p> <input type="checkbox"/> Standard Delivery – 20% (min. \$19.95 + any taxes or tariffs) <input type="checkbox"/> Second Day and Next Day – please call for quote </div> </div>			Shipping & Handling <i>(see Step 2)</i>	
			NY & PA Sales Tax	
			GRAND TOTAL	
STEP 3 Payment Method		STEP 4 Ship To		
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA/MC (\$25 minimum order) <input type="checkbox"/> American Express (\$25 minimum order) <input type="checkbox"/> Discover (\$25 minimum order) Card Account Number <table style="width: 100%; height: 20px; border: 1px solid black; margin: 5px 0;"></table> Expiration Date <table style="width: 100%; height: 20px; border: 1px solid black; margin: 5px 0;"></table> Signature of Authorized Buyer Credit Card Billing Address Name _____ Address _____ City _____ State _____ Zip _____ <input type="checkbox"/> Bill Me <i>(Purchase Order # Required - P.O. must be faxed or mailed)</i> Purchase Order # _____ Signature _____		Name _____ Title _____ Institution _____ Address <i>(No P.O. Boxes)</i> _____ _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____ E-mail Address _____		
STEP 5 Bill To <i>(if different from Ship To):</i>				
Name _____ Title _____ Institution _____ Address _____ _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____				

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■ **YES!** My email address is: