

**Order Form**

Date Requested: \_\_\_\_\_

Delivery Date: \_\_\_\_\_

**\* Mandatory**

\* Name of person placing order: \_\_\_\_\_

\* Organization: \_\_\_\_\_

Quantity: \_\_\_\_\_ Item: \_\_\_\_\_

Quantity: \_\_\_\_\_ Item: \_\_\_\_\_

Quantity: \_\_\_\_\_ Item: \_\_\_\_\_

Quantity: \_\_\_\_\_ Item: \_\_\_\_\_

\* Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Same as above:

\* Billing Address: \_\_\_\_\_  
\_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

\* UPS Shipping Service:    Ground            2<sup>nd</sup> Day            Overnight

**\*Shipping charges will vary pending on selected service and zip code; Will ship same business day if placed before 1:00 pm CST and next business day if after 1:00 pm CST**

\* Payment Method:    Credit Card            Purchase Order            Invoice \*if selecting this option, product will not ship until payment is received

Credit Card:    Visa            Master Card            American Express            Discover

\* Credit Card Number: \_\_\_\_\_

\* Expiration Date on Credit Card: \_\_\_\_\_

\* Name on Credit Card: \_\_\_\_\_

\* Purchase Order Number: \_\_\_\_\_