



PRODUCT ORDER FORM

This order form is for your convenience. If you would prefer to call in your order, please call Monica Gottero at 925-292-5161x111. If you have a PO or order sheet, you do not need to repeat the information on this form. This order form can be faxed (925-454-9487) or emailed to info@labsmith.com.

Company Name: _____	Date: _____
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Quote Number (if applicable): _____	Ref./PO Number (optional): _____
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Order Information If a LabSmith quote number is provided the individual items do not need to be listed. If you do not know prices, please leave blank and we will fill out this part for you. We will confirm your order prior to shipping.

LabSmith Part Number	Qty	Price Each 'ff £	Total 'ff £	Comments
Total (before tax and shipping)				

Shipping information. All of our products ship from Livermore, CA, USA. Please contact us for stock status and lead times.

Preferred shipping method (choose one): <input type="checkbox"/> Ground <input type="checkbox"/> 3rd Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> Next Day <input type="checkbox"/> or ship best way based on requested delivery date Requested delivery date: _____	Shipment billing (choose one): <input type="checkbox"/> prepay and add <input type="checkbox"/> charge to my account <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> FedEx Account No: _____
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Shipping Address

Attn: _____

Company Name: _____

Address 1: _____

Address 2: _____

City, State Zip: _____

Country: _____

Contact Information (please provide at least one contact person)			
	Name	Phone	Email
End User	_____	_____	_____
Purchasing	_____	_____	_____
Accounts Receivable	_____	_____	_____

<p style="text-align: center;">Credit Card information</p> <p>Card type (Visa, MC, or AmEx): _____</p> <p>Name: _____</p> <p>Account Number: _____</p> <p>Exp. Date: _____</p> <p>Security Code: _____</p> <p><input type="checkbox"/> same as shipping</p> <p>Billing Address</p> <p>Attn: _____</p> <p>Company Name: _____</p> <p>Address 1: _____</p> <p>Address 2: _____</p> <p>City, State Zip: _____</p> <p>Country: _____</p>	<p>If you would prefer for us to call you to obtain your credit card information, please write "call" in place of the account number.</p>
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Comments: _____