

Order Lab Supplies

Sales Order Form

Change Order

TODAYS DATE:	PO#	ORDERED BY:	EMAIL ADDRESS:
COMPANY NAME:		SHIP TO ADDRESS:	CITY/STATE:
PH:		FAX:	ZIP:

SKU#:	QUANTITY	PRODUCT DESCRIPTION	PRICE PER UNIT	TOTAL

CREDIT CARD #:	EXP: MM/YY	CCV#:	CARDHOLDER NAME (PERSON):
CARD BILLING ADDRESS:		CITY/STATE/ZIP:	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SHIPPING METHOD: <input type="radio"/> Priority Overnight <input type="radio"/> Standard Overnight <input type="radio"/> 2Day <input type="radio"/> 3Day <input type="radio"/> Ground

LAB SUPPLIES REORDER

Male Kits _____
 Female Kits _____
 Hair Kits _____
 Saliva Kits _____

Sales Rep : _____
 Phone Number: _____

BILLING INFORMATION
PO Number:
Billing Email Address:
SAME AS SHIPPING:
Attention:
Address Line 1:
Address Line 2:
Address Line 3:
City, State, ZIP:

Please return to:
 sales@americanscreeningcorp.com
 318-798-3306