

## **ORDER FORM**

Your P.O. # \_\_\_\_\_

	Billing Address S	hipping <i>F</i>	\ddress [	Same as Billing Addres
First Nar	me:			
Last Nar	me:			
Compar	ny:			
Address:				
City:				
State:				
Zip/Post	al:			
Country	:			
Phone:				
E-mail A	ddress:			
Cred	dit Card Information			
Name o				
Card typ	e: VISA/MASTERCARD AMERICAN EXPRESS	DISCOVER		
Card nu	mber:			
Expiratio	on date:			
Security	code:			
Ord	er Information			
Item	Description	Qty	Unit Price	Total
001	Box of 20 tests, pipettes, buffer, inserts (Product #120-A)		\$	\$
002	Self-sealing bag of 20 tests, pipettes, buffer, inserts (Product #120	-B)	\$	\$
003	Positive/Negative Controls (Product No 120-C)		\$	\$
004	2 test Demo Packs: Positive control/buffer for sales presentation o Not for lab validation. (Product No 120-D)	only	N.C.	\$0.00
Freight Options:			Subtota	l: \$
	3 b		Freight:	\$
			Tax:	\$
Pharmaceutical Marketing Systems, Inc.			TOTAL:	\$

110 Royal Musselburgh Williamsburg, VA 23188 (570) 982-1815 info@tshchek.com

FAX completed order to (757) 645-4379