

ORDER FORM

ORDER BY FAX: 954.697.8211
ORDER BY PHONE: 1.877.884.TEST (8378)

Bill To:

Ship To:

Phone () Fax () Email: _____

QTY.	Model / Part No.	Description	Unit Price	Ext. Price
			TOTAL	

Ship Via (UPS, FedEx, DHL, etc...) _____

CREDIT CARD AND PURCHASE INFORMATION

Purchase Method: AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> P.O. <input type="checkbox"/>	
Name On Card: _____	Mailing Info: _____
Card No./CCV Code : _____	QUALITEST USA LC 3415 Galt Ocean Drive, #200 Fort Lauderdale, FL 33308 USA
Exp. Date: _____	QUALITEST International Inc. 70 East Beaver Creek Rd., #9 Richmond Hill, Ontario L4B 3B2 Canada
Signature: _____	
Address Where Statement Is Mailed: _____ _____ _____	